

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

BUREAU INTERNATIONAL DE
MÉDECINS SANS FRONTIÈRES

- and -

MÉDECINS SANS FRONTIÈRES
USA, INC.,

jointly, Opposer,

v.

BOOKS WITHOUT BORDERS (KUTUB
BILA HUDOOD)

Applicant.

04/06/2012 SWILSON1 00000004 85180994

01 FC:6402

600.00 OP

Opposition No.: _____

Serial No.: 85/180,994

Filing Date: November 19, 2010

Mark: **BOOKS WITHOUT
BORDERS**

Int'l Class: 9

Published: December 6, 2011

NOTICE OF OPPOSITION

Trademark Trial and Appeal Board
U.S. Patent and Trademark Office
Madison West
600 Dulany Street
Alexandria, VA 22314-1451

Opposer comprises Bureau International de Médecins Sans Frontières (MSF)

International”), an international not-for-profit corporation with its principal place of business

located at Rue de Lausanne 78, CP 116, 1211 Geneva 21, Switzerland, and Médecins Sans

Frontières USA, Inc. (“MSF USA”), commonly known as and doing business as “Doctors Without Borders”, a New York not-for-profit corporation with its principal place of business located at 333 Seventh Avenue, 2nd Floor, New York, NY 10001 (jointly, “Opposer”).

2012 APR -4 P 3:41
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04-04-2012

Opposer believes that it will be damaged by the registration of the mark BOOKS WITHOUT BORDERS (Ser. No. 85/180,994) and hereby opposes grant of the registration.

Opposer submits the required fee of \$600 along with this Notice of Opposition.

As grounds for opposition, Opposer alleges as follows:

1. MSF International owns the mark DOCTORS WITHOUT BORDERS (Reg. No. 2,290,906) in International Class 42 for use in connection with “charitable services, namely, providing emergency medical relief and assisting victims of disasters and conflicts worldwide and promoting public awareness of populations at risk.” This mark was first used in 1971, was first used in commerce in the United States in 1990, was registered on the Principal Register on November 9, 1999, and is active, valid, and presently subsisting. Affidavits under Section 8 and Section 15 of the Lanham Act, 15 U.S.C. §§ 1058 and 1065, were filed with the United States Patent and Trademark Office (“PTO”) on March 31, 2005, supporting the continued use and incontestability of this registration. Such affidavits were accepted and acknowledged on August 2, 2006. Opposer’s registration is *prima facie* evidence of Opposer’s exclusive right to use the mark in commerce in connection with the services specified in the registration. A printout of this registration and subsequent history from the PTO’s Internet website located at www.uspto.gov is attached hereto as Exhibit A.

2. MSF International owns the mark DOCTORS WITHOUT BORDERS (Reg. No. 3,032,188) in International Class 35 for use in connection with “recruitment services for medical professionals to participate in international relief projects” and in International Class 36 for use in connection with “charitable fund raising services for international relief projects.” This mark was first used in 1971, was first used in commerce in the United States in 1990, was registered on the Principal Register on December 20, 2005, and is active, valid, and presently subsisting. A

printout of this registration and subsequent history from the PTO's Internet website located at www.uspto.gov is attached hereto as Exhibit B.

3. MSF International also owns registrations for a design mark containing DOCTORS WITHOUT BORDERS (Reg. Nos. 3,028,779; 3,028,780; and 3,028,781) in International Classes 35, 36, and 44, all based on first use in 1971 and first use in commerce in the United States in 2001. Printouts of these registrations from the PTO's Internet website located at www.uspto.gov are attached hereto as Exhibits C, D, and E.

4. MSF International also has extensive common law rights in the mark DOCTORS WITHOUT BORDERS in other classes based on its first use beginning in 1971, first use in commerce in the United States beginning in 1990, and continuous use in commerce in the United States thereafter. The registrations and common law marks discussed in paragraphs 1, 2, and 3 above are collectively referred to herein as the "MSF Marks."

5. In September 2000, MSF USA assigned the then-current MSF Marks and agreed to assign future MSF Marks to MSF International in exchange for an exclusive license to use the MSF Marks in the United States. MSF USA has recorded the Trademark License and Assignment Agreement between Bureau International de Médecins Sans Frontières and Médecins Sans Frontières USA, Inc., dated September 14, 2000 (the "License"), with the PTO. A copy of the License is attached hereto as Exhibit F.

6. MSF International, as owner, and MSF USA, as exclusive licensee, have standing under Sections 32(1) and 43(a) of the Lanham Act, 15 U.S.C. §§ 1114(1) and 1125(a), to bring this Notice of Opposition based upon their rights with respect to the MSF Marks.

7. In accordance with the terms of the License, MSF International granted MSF USA consent and standing to bring this Notice of Opposition. A copy of the signed consent is attached hereto as Exhibit G.

8. For over 35 years, and continuing to the present, MSF USA has widely used the MSF Marks in the United States, and has been referred to by its staff, its donors and supporters, the press, the individuals that it assists, and other third parties throughout the United States and the world as DOCTORS WITHOUT BORDERS.

9. By virtue of such long-standing, highly-publicized use, the mark DOCTORS WITHOUT BORDERS has become a strong and valuable service mark of Opposer in the United States and throughout the world, identifying Opposer and the services that it provides.

10. On November 19, 2010, Applicant filed an application with the PTO to register the mark BOOKS WITHOUT BORDERS (Ser. No. 85/180,994) in Class 9 for use in connection with “free educational software featuring instruction in the field of Arabic culture, downloadable via a website, for charitable purposes; free electronic publications in the nature of books, pamphlets, poems, and journals, in the field of Arabic culture, downloadable via a website, for charitable purposes” (“Applicant’s Mark”). A printout of this application from the PTO’s official Internet website located at www.uspto.gov is attached hereto as Exhibit H.

11. Opposer maintains international field offices in 19 countries and operates in over 60 countries. Opposer targets a U.S. and international audience that includes volunteers and the public at large. A printout of pages from Opposer’s Internet website located at www.doctorswithoutborders.org is attached hereto as Exhibit I. Applicant appears to target the same U.S. audience.

12. Opposer provides humanitarian aid, as well as charitable and educational services in the United States and throughout the world. Exhibit I includes some examples of Opposer's work in these areas. Applicant seeks to use and register Applicant's Mark in these same fields.

13. On December 6, 2011, Applicant's trademark application was published for opposition in the *Official Gazette*. Opposer filed requests for extensions of time to file an opposition, which were granted.

14. Applicant's Mark is confusingly similar to the MSF Marks. The registration and/or use by Applicant of the Applicant's Mark in connection with charitable services is likely to cause substantial confusion in the minds of the public, who may mistakenly believe that Opposer is affiliated with Applicant, or endorses or sponsors Applicant's services, or is sponsored or endorsed by Applicant. In particular, members of the public who support Opposer's mission and services, by way of donations, recruitment activities, or volunteer activities, may mistakenly believe that there is an affiliation between Opposer and Applicant. In addition, it is critical to maintain Opposer's reputation as an independent and non-political organization to minimize risk to the security of personnel in the field where aid is provided, particularly in situations where the provision of aid requires the establishment of relationships with local leaders and authorities.

15. In view of the confusing similarity between the MSF Marks and Applicant's Mark, and the similar nature of the services provided or proposed to be provided by the respective parties, Applicant's Mark is likely to cause confusion, mistake, or deception with respect to the MSF Marks, in violation of Sections 32(1) and/or 43(a) of the Lanham Act, 15 U.S.C. §§ 1114(1) and 1125(a), and justifying refusal of registration of Applicant's Mark under 15 U.S.C. § 1052(d).

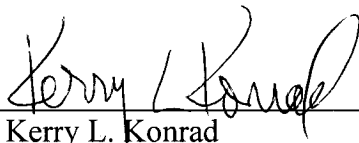
16. Furthermore, Applicant's use of the Applicant's Mark will dilute and blur the distinctive quality of the MSF Marks and lessen Opposer's ability to identify and distinguish its services rendered under the MSF Marks, in violation of Section 43(c) of the Lanham Act, 15 U.S.C. § 1125(c).

17. For the foregoing reasons, Applicant is not entitled to federal registration of Applicant's Mark, and Opposer will be damaged by the grant of such registration.

WHEREFORE, Opposer requests that this Notice of Opposition be sustained and that Applicant be denied registration of application to register the mark BOOKS WITHOUT BORDERS (Ser. No. 85/180,994).

Respectfully submitted,

SIMPSON THACHER & BARTLETT LLP

By: 

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Attorneys for Opposer

Dated: April 3, 2012

EXHIBIT A



United States Patent and Trademark Office

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Typed Drawing

Word Mark	DOCTORS WITHOUT BORDERS
Goods and Services	IC 042. US 100 101. G & S: charitable services, namely, providing emergency medical relief and assisting victims of disasters and conflicts worldwide and promoting public awareness of populations at risk. FIRST USE: 19710000. FIRST USE IN COMMERCE: 19900700
Mark Drawing Code	(1) TYPED DRAWING
Serial Number	75436137
Filing Date	February 18, 1998
Current Filing Basis	1A
Original Filing Basis	1A
Published for Opposition	August 17, 1999
Registration Number	2290906
Registration Date	November 9, 1999
Owner	(REGISTRANT) Medecins Sans Frontieres USA, Inc. NOT-FOR-PROFIT CORPORATION NEW YORK Six East 39th Street, 8th Floor New York NEW YORK 10016 (LAST LISTED OWNER) BUREAU INTERNATIONAL DE MEDECINS SANS FRONTIERES INCORPORATED ASSOCIATION CASE POSTALE 116 RUE DE LAUSANNE 78 GENEVE, 21 CH-1211 SWITZERLAND
Assignment Recorded	ASSIGNMENT RECORDED
Attorney of Record	Dwayne K. Goetzel
Prior Registrations	1820094
Type of Mark	SERVICE MARK
Register	PRINCIPAL

Affidavit Text SECT 15. SECT 8 (6-YR). SECTION 8(10-YR) 20091007.
Renewal 1ST RENEWAL 20091007
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Indicator** LIVE

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Serial Number: 75436137 Assignment Information Trademark Document Retrieval

Registration Number: 2290906

Mark (words only): DOCTORS WITHOUT BORDERS

Standard Character claim: No

Current Status: The registration has been renewed.

Date of Status: 2009-10-07

Filing Date: 1998-02-18

Transformed into a National Application: No

Registration Date: 1999-11-09

Register: Principal

Law Office Assigned: LAW OFFICE 112

If you are the applicant or applicant's attorney and have questions about this file, please contact the Trademark Assistance Center at TrademarkAssistanceCenter@uspto.gov

Current Location: (NOT AVAILABLE)

Date In Location: 2009-10-07

LAST APPLICANT(S)/OWNER(S) OF RECORD

1. BUREAU INTERNATIONAL DE MEDECINS SANS FRONTIERES

Address:

BUREAU INTERNATIONAL DE MEDECINS SANS FRONTIERES
CASE POSTALE 116 RUE DE LAUSANNE 78
GENEVE, 21 CH-1211
Switzerland

Legal Entity Type: Incorporated Association

State or Country Where Organized: (NOT AVAILABLE)

GOODS AND/OR SERVICES

International Class: 042

Class Status: Active

charitable services, namely, providing emergency medical relief and assisting victims of disasters and conflicts worldwide and promoting public awareness of populations at risk

Basis: 1(a)

First Use Date: 1971-00-00

First Use in Commerce Date: 1990-07-00

ADDITIONAL INFORMATION

Prior Registration Number(s):

1820094

MADRID PROTOCOL INFORMATION

(NOT AVAILABLE)

PROSECUTION HISTORY

NOTE: To view any document referenced below, click on the link to "Trademark Document Retrieval" shown near the top of this page.

2009-10-07 - First renewal 10 year

2009-10-07 - Section 8 (10-year) accepted/ Section 9 granted

2009-10-07 - Case Assigned To Post Registration Paralegal

2009-10-06 - TEAS Section 8 & 9 Received

2009-10-02 - Review Of Correspondence Complete

2009-10-01 - PAPER RECEIVED

2009-09-23 - Case File In TICRS

2009-09-21 - Attorney Revoked And/Or Appointed

2009-09-21 - TEAS Revoke/Appoint Attorney Received

2009-09-02 - Assignment Of Ownership Not Updated Automatically

2009-09-02 - Assignment Of Ownership Not Updated Automatically

2009-08-26 - Assignment Of Ownership Not Updated Automatically

2009-08-26 - Assignment Of Ownership Not Updated Automatically

2009-08-26 - Assignment Of Ownership Not Updated Automatically
2009-08-19 - Assignment Of Ownership Not Updated Automatically
2006-08-09 - Assigned To Paralegal
2006-08-02 - Section 8 (6-year) accepted & Section 15 acknowledged
2005-03-31 - Section 8 (6-year) and Section 15 Filed
2005-03-31 - TEAS Section 8 & 15 Received
2003-06-03 - TEAS Change Of Correspondence Received
1999-11-09 - Registered - Principal Register
1999-08-17 - Published for opposition
1999-07-16 - Notice of publication
1999-04-26 - Approved for Pub - Principal Register (Initial exam)
1999-03-22 - Communication received from applicant
1998-09-30 - Non-final action mailed

ATTORNEY/CORRESPONDENT INFORMATION

Attorney of Record

Dwayne K. Goetzel

Correspondent

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Phone Number: 512-853-8800
Fax Number: 512-853-8801

Domestic Representative

Dwayne K. Goetzel
Phone Number: 512-853-8800
Fax Number: 512-853-8801

EXHIBIT B



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[TARR Status](#) [ASSIGN Status](#) [TDR](#) [TTAB Status](#) (Use the "Back" button of the Internet Browser to return to TESS)DOCTORS WITHOUT
BORDERS**Word Mark** DOCTORS WITHOUT BORDERS**Goods and Services** IC 035. US 100 101 102. G & S: recruitment services for medical professionals to participate in international relief projects. FIRST USE: 19710101. FIRST USE IN COMMERCE: 19900701

IC 036. US 100 101 102. G & S: charitable fund raising services for international relief projects. FIRST USE: 19710101. FIRST USE IN COMMERCE: 19900701

**Standard Characters
Claimed****Mark Drawing Code** (4) STANDARD CHARACTER MARK**Serial Number** 78519817**Filing Date** November 19, 2004**Current Filing Basis** 1A**Original Filing Basis** 1A**Published for
Opposition** September 27, 2005**Registration
Number** 3032188**Registration Date** December 20, 2005**Owner** (REGISTRANT) Bureau International de Medecins sans Frontieres Not-For-Profit Corporation
SWITZERLAND Case Postale 116, Rue de Lausanne 78 Geneve 21 SWITZERLAND**Attorney of Record** Dwayne K. Goetzel**Prior Registrations** 2290906**Type of Mark** SERVICE MARK**Register** PRINCIPAL**Affidavit Text** SECT 15. SECT 8 (6-YR).

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Serial Number: 78519817 Assignment Information

Trademark Document Retrieval

Registration Number: 3032188

Mark

**DOCTORS WITHOUT
BORDERS**

(words only): DOCTORS WITHOUT BORDERS

Standard Character claim: Yes

Current Status: A Sections 8 and 15 combined declaration has been accepted and acknowledged.

Date of Status: 2012-01-04

Filing Date: 2004-11-19

Transformed into a National Application: No

Registration Date: 2005-12-20

Register: Principal

Law Office Assigned: LAW OFFICE 104

If you are the applicant or applicant's attorney and have questions about this file, please contact the Trademark Assistance Center at TrademarkAssistanceCenter@uspto.gov

Current Location: L40 -TMEG Law Office 104

Date In Location: 2012-01-04

LAST APPLICANT(S)/OWNER(S) OF RECORD

1. Bureau International de Medecins sans Frontieres

Address:

Bureau International de Medecins sans Frontieres
Case Postale 116, Rue de Lausanne 78
Geneve 21
Switzerland
Legal Entity Type: Not-For-Profit Corporation
State or Country Where Organized: Switzerland

GOODS AND/OR SERVICES

International Class: 035
Class Status: Active
recruitment services for medical professionals to participate in international relief projects
Basis: 1(a)
First Use Date: 1971-01-01
First Use in Commerce Date: 1990-07-01

International Class: 036
Class Status: Active
charitable fund raising services for international relief projects
Basis: 1(a)
First Use Date: 1971-01-01
First Use in Commerce Date: 1990-07-01

ADDITIONAL INFORMATION

Prior Registration Number(s):
2290906

MADRID PROTOCOL INFORMATION

(NOT AVAILABLE)

PROSECUTION HISTORY

NOTE: To view any document referenced below, click on the link to "Trademark Document Retrieval" shown near the top of this page.

2012-01-04 - Notice Of Acceptance Of Sec. 8 & 15 - E-Mailed
2012-01-04 - Section 8 (6-year) accepted & Section 15 acknowledged
2012-01-04 - Case Assigned To Post Registration Paralegal
2011-11-16 - TEAS Section 8 & 15 Received
2010-03-13 - Review Of Correspondence Complete

2010-03-11 - Case Assigned To Post Registration Paralegal
2009-10-01 - PAPER RECEIVED
2009-09-21 - Attorney Revoked And/Or Appointed
2009-09-21 - TEAS Revoke/Appoint Attorney Received
2005-12-20 - Registered - Principal Register
2005-09-27 - Published for opposition
2005-09-07 - Notice of publication
2005-08-16 - Law Office Publication Review Completed
2005-08-12 - Assigned To LIE
2005-08-05 - Approved for Pub - Principal Register (Initial exam)
2005-08-05 - Teas/Email Correspondence Entered
2005-08-02 - Communication received from applicant
2005-08-02 - TEAS Response to Office Action Received
2005-06-27 - Non-final action e-mailed
2005-06-27 - Non-Final Action Written
2005-06-25 - Assigned To Examiner
2005-03-02 - Teas/Email Correspondence Entered
2005-02-28 - Communication received from applicant
2005-02-28 - TEAS Voluntary Amendment Received
2004-11-29 - New Application Entered In Tram

ATTORNEY/CORRESPONDENT INFORMATION

Attorney of Record
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Correspondent
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Domestic Representative

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Fax Number: 512-853-8801

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MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

Word Mark	MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS
Translations	The English translation of MEDECINS SANS FRONTIERES is DOCTORS WITHOUT BORDERS.
Goods and Services	IC 035. US 100 101 102. G & S: recruitment servies for medical professionals to participate in international relief projects; promoting public awareness of populations at risk. FIRST USE: 19711200. FIRST USE IN COMMERCE: 20011000
Mark Drawing Code	(3) DESIGN PLUS WORDS, LETTERS, AND/OR NUMBERS
Design Search Code	02.01.02 - Men depicted as shadows or silhouettes of men; Silhouettes of men 02.01.33 - Grotesque men formed by letters, numbers, punctuation or geometric shapes; Stick figures 02.09.05 - Humans, including men, women and children, depicted running; Running, humans 26.17.13 - Letters or words underlined and/or overlined by one or more strokes or lines; Overlined words or letters; Underlined words or letters 26.17.25 - Other lines, bands or bars
Serial Number	78525091
Filing Date	December 1, 2004
Current Filing Basis	1A
Original Filing Basis	1A
Published for Opposition	September 20, 2005
Registration Number	3028779
Registration Date	December 13, 2005
Owner	(REGISTRANT) Bureau International de Medecins sans Frontieres NON-PROFIT CORPORATION

SWITZERLAND Case Postale 116 Rue de Lausanne 78 Geneve 21 SWITZERLAND CH-1211

Attorney of Record Dwayne K. Goetzel

Prior Registrations 1156743

Description of Mark The color(s) red, black and white are claimed as a feature of the mark. The wording "MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS" appears in black. The line separating the wording and the head, arms, and background behind the man running appear in red. The legs of the man running appear in white.

Type of Mark SERVICE MARK

Register PRINCIPAL

Affidavit Text SECT 15. SECT 8 (6-YR).

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Serial Number: 78525091 Assignment Information

Trademark Document Retrieval

Registration Number: 3028779

Mark



(words only): MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS

Standard Character claim: No

Current Status: A Sections 8 and 15 combined declaration has been accepted and acknowledged.

Date of Status: 2012-01-05

Filing Date: 2004-12-01

Transformed into a National Application: No

Registration Date: 2005-12-13

Register: Principal

Law Office Assigned: LAW OFFICE 104

If you are the applicant or applicant's attorney and have questions about this file, please contact the Trademark Assistance Center at TrademarkAssistanceCenter@uspto.gov

Current Location: L40 -TMEG Law Office 104

Date In Location: 2012-01-05

LAST APPLICANT(S)/OWNER(S) OF RECORD

1. Bureau International de Medecins sans Frontieres

Address:

Bureau International de Medecins sans Frontieres

Case Postale 116 Rue de Lausanne 78
Geneve 21 CH-1211
Switzerland
Legal Entity Type: NON-PROFIT CORPORATION
State or Country Where Organized: Switzerland
Phone Number: +41 22 849 84 00
Fax Number: +41 22 849 84 04

GOODS AND/OR SERVICES

International Class: 035
Class Status: Active
recruitment services for medical professionals to participate in international relief projects; promoting public awareness of populations at risk
Basis: 1(a)
First Use Date: 1971-12-00
First Use in Commerce Date: 2001-10-00

ADDITIONAL INFORMATION

Color(s) Claimed: The color(s) red, black and white are claimed as a feature of the mark.

Description of Mark and Any Color Part(s): The wording "MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS" appears in black. The line separating the wording and the head, arms, and background behind the man running appear in red. The legs of the man running appear in white.

Translation: The English translation of MEDECINS SANS FRONTIERES is DOCTORS WITHOUT BORDERS.

Design Search Code(s):

02.01.02 - Men depicted as shadows or silhouettes of men; Silhouettes of men
02.01.33 - Grotesque men formed by letters, numbers, punctuation or geometric shapes; Stick figures
02.09.05 - Humans, including men, women and children, depicted running; Running, humans
26.17.13 - Letters or words underlined and/or overlined by one or more strokes or lines; Overlined words or letters; Underlined words or letters
26.17.25 - Other lines, bands or bars

Prior Registration Number(s):
1156743

MADRID PROTOCOL INFORMATION

(NOT AVAILABLE)

PROSECUTION HISTORY

NOTE: To view any document referenced below, click on the link to "Trademark Document Retrieval" shown near the top of this page.

2012-01-05 - Notice Of Acceptance Of Sec. 8 & 15 - E-Mailed

2012-01-05 - Section 8 (6-year) accepted & Section 15 acknowledged

2012-01-03 - Case Assigned To Post Registration Paralegal

2011-11-15 - TEAS Section 8 & 15 Received

2010-03-13 - Review Of Correspondence Complete

2010-03-11 - Case Assigned To Post Registration Paralegal

2009-10-01 - PAPER RECEIVED

2009-09-21 - Attorney Revoked And/Or Appointed

2009-09-21 - TEAS Revoke/Appoint Attorney Received

2005-12-13 - Registered - Principal Register

2005-09-20 - Published for opposition

2005-08-31 - Notice of publication

2005-08-09 - Law Office Publication Review Completed

2005-08-05 - Assigned To LIE

2005-08-02 - Approved for Pub - Principal Register (Initial exam)

2005-08-02 - EXAMINERS AMENDMENT E-MAILED

2005-08-02 - Examiners Amendment - Written

2005-08-02 - Examiner's Amendment/Priority Action E-Mailed

2005-08-02 - Examiners Amendment And/Or Priority Action - Completed

2005-06-27 - Non-final action e-mailed

2005-06-27 - Non-Final Action Written

2005-06-25 - Assigned To Examiner

2005-02-28 - TEAS Voluntary Amendment Received

2004-12-09 - New Application Entered In Tram

ATTORNEY/CORRESPONDENT INFORMATION

Attorney of Record

Dwayne K. Goetzel

Correspondent

Dwayne K. Goetzel

Meyertons, Hood, Kivlin, Kowert & Goetze

P.O. Box 398

Austin TX 78767-0398

Phone Number: 512-853-8800

Fax Number: 512-853-8801

Domestic Representative

Dwayne K. Goetzel

Phone Number: 512-853-8800

Fax Number: 512-853-8801

EXHIBIT D



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Word Mark	MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS
Translations	The English translation of MEDECINS SANS FRONTIERES is DOCTORS WITHOUT BORDERS.
Goods and Services	IC 036. US 100 101 102. G & S: charitable fundraising services for international relief projects. FIRST USE: 19711200. FIRST USE IN COMMERCE: 20011000
Mark Drawing Code	(3) DESIGN PLUS WORDS, LETTERS, AND/OR NUMBERS
Design Search Code	02.01.02 - Men depicted as shadows or silhouettes of men; Silhouettes of men 02.01.33 - Grotesque men formed by letters, numbers, punctuation or geometric shapes; Stick figures 02.09.05 - Humans, including men, women and children, depicted running; Running, humans 26.17.13 - Letters or words underlined and/or overlined by one or more strokes or lines; Overlined words or letters; Underlined words or letters 26.17.25 - Other lines, bands or bars
Serial Number	78525098
Filing Date	December 1, 2004
Current Filing Basis	1A
Original Filing Basis	1A
Published for Opposition	September 20, 2005
Registration Number	3028780
Registration Date	December 13, 2005
Owner	(REGISTRANT) Bureau International de Medecins sans Frontieres NON-PROFIT CORPORATION SWITZERLAND Case Postale 116 Rue de Lausanne 78 Geneve 21 SWITZERLAND CH-1211

Attorney of Record Dwayne K. Goetzel
Prior Registrations 1156743
Description of Mark The color(s) red, black and white are claimed as a feature of the mark. The wording "MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS" appears in black. The line separating the wording and the head, arms, and background behind the man running appear in red. The legs of the man running appear in white.
Type of Mark SERVICE MARK
Register PRINCIPAL
Affidavit Text SECT 15. SECT 8 (6-YR).
Live/Dead Indicator LIVE

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Serial Number: 78525098 Assignment Information Trademark Document Retrieval

Registration Number: 3028780

Mark



(words only): MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS

Standard Character claim: No

Current Status: A Sections 8 and 15 combined declaration has been accepted and acknowledged.

Date of Status: 2012-01-03

Filing Date: 2004-12-01

Transformed into a National Application: No

Registration Date: 2005-12-13

Register: Principal

Law Office Assigned: LAW OFFICE 104

If you are the applicant or applicant's attorney and have questions about this file, please contact the Trademark Assistance Center at TrademarkAssistanceCenter@uspto.gov

Current Location: L40 -TMEG Law Office 104

Date In Location: 2012-01-03

LAST APPLICANT(S)/OWNER(S) OF RECORD

1. Bureau International de Medecins sans Frontieres

Address:

Bureau International de Medecins sans Frontieres

Case Postale 116 Rue de Lausanne 78
Geneve 21 CH-1211
Switzerland
Legal Entity Type: NON-PROFIT CORPORATION
State or Country Where Organized: Switzerland
Phone Number: +41 22 849 84 00
Fax Number: +41 22 849 84 04

GOODS AND/OR SERVICES

International Class: 036
Class Status: Active
charitable fundraising services for international relief projects
Basis: 1(a)
First Use Date: 1971-12-00
First Use in Commerce Date: 2001-10-00

ADDITIONAL INFORMATION

Color(s) Claimed: The color(s) red, black and white are claimed as a feature of the mark.

Description of Mark and Any Color Part(s): The wording "MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS" appears in black. The line separating the wording and the head, arms, and background behind the man running appear in red. The legs of the man running appear in white.

Translation: The English translation of MEDECINS SANS FRONTIERES is DOCTORS WITHOUT BORDERS.

Design Search Code(s):

02.01.02 - Men depicted as shadows or silhouettes of men; Silhouettes of men
02.01.33 - Grotesque men formed by letters, numbers, punctuation or geometric shapes; Stick figures
02.09.05 - Humans, including men, women and children, depicted running; Running, humans
26.17.13 - Letters or words underlined and/or overlined by one or more strokes or lines; Overlined words or letters; Underlined words or letters
26.17.25 - Other lines, bands or bars

Prior Registration Number(s):
1156743

MADRID PROTOCOL INFORMATION

(NOT AVAILABLE)

PROSECUTION HISTORY

NOTE: To view any document referenced below, click on the link to "Trademark Document Retrieval" shown near the top of this page.

2012-01-03 - Notice Of Acceptance Of Sec. 8 & 15 - E-Mailed

2012-01-03 - Section 8 (6-year) accepted & Section 15 acknowledged

2012-01-03 - Case Assigned To Post Registration Paralegal

2011-11-15 - TEAS Section 8 & 15 Received

2010-03-13 - Review Of Correspondence Complete

2010-03-11 - Case Assigned To Post Registration Paralegal

2009-10-01 - PAPER RECEIVED

2009-09-21 - Attorney Revoked And/Or Appointed

2009-09-21 - TEAS Revoke/Appoint Attorney Received

2005-12-13 - Registered - Principal Register

2005-09-20 - Published for opposition

2005-08-31 - Notice of publication

2005-08-09 - Law Office Publication Review Completed

2005-08-05 - Assigned To LIE

2005-08-02 - Approved for Pub - Principal Register (Initial exam)

2005-08-02 - EXAMINERS AMENDMENT E-MAILED

2005-08-02 - Examiners Amendment -Written

2005-08-02 - Examiner's Amendment/Priority Action E-Mailed

2005-08-02 - Examiners Amendment And/Or Priority Action - Completed

2005-06-27 - Non-final action e-mailed

2005-06-27 - Non-Final Action Written

2005-06-25 - Assigned To Examiner

2005-03-07 - Amendment From Applicant Entered

2005-02-28 - Communication received from applicant

2005-02-28 - TEAS Voluntary Amendment Received

2004-12-09 - New Application Entered In Tram

ATTORNEY/CORRESPONDENT INFORMATION

Attorney of Record

Dwayne K. Goetzel

Correspondent

Dwayne K. Goetzel

Meyertons, Hood, Kivlin, Kowert & Goetze

P.O. Box 398

Austin TX 78767-0398

Phone Number: 512-853-8800

Fax Number: 512-853-8801

Domestic Representative

Dwayne K. Goetzel

Phone Number: 512-853-8800

Fax Number: 512-853-8801

EXHIBIT E



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MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

Word Mark	MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS
Translations	The English translation of MEDECINS SANS FRONTIERES is DOCTORS WITHOUT BORDERS.
Goods and Services	IC 044. US 100 101. G & S: charitable services, namely, providing medical services to underdeveloped countries. FIRST USE: 19711200. FIRST USE IN COMMERCE: 20011000
Mark Drawing Code	(3) DESIGN PLUS WORDS, LETTERS, AND/OR NUMBERS
Design Search Code	02.01.02 - Men depicted as shadows or silhouettes of men; Silhouettes of men 02.01.33 - Grotesque men formed by letters, numbers, punctuation or geometric shapes; Stick figures 02.09.05 - Humans, including men, women and children, depicted running; Running, humans 26.17.13 - Letters or words underlined and/or overlined by one or more strokes or lines; Overlined words or letters; Underlined words or letters 26.17.25 - Other lines, bands or bars
Serial Number	78525106
Filing Date	December 1, 2004
Current Filing Basis	1A
Original Filing Basis	1A
Published for Opposition	September 20, 2005
Registration Number	3028781
Registration Date	December 13, 2005
Owner	(REGISTRANT) Bureau International de Medecins sans Frontieres NON-PROFIT CORPORATION SWITZERLAND Case Postale 116 Rue de Lausanne 78 Geneve 21 SWITZERLAND CH-1211

Attorney of Record Dwayne K. Goetzel
Prior Registrations 1156743
Description of Mark The color(s) red, black and white are claimed as a feature of the mark. The wording "MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS" appears in black. The line separating the wording and the head, arms, and background behind the man running appear in red. The legs of the man running appear in white.
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Serial Number: 78525106 Assignment Information Trademark Document Retrieval

Registration Number: 3028781

Mark



(words only): MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS

Standard Character claim: No

Current Status: A Sections 8 and 15 combined declaration has been accepted and acknowledged.

Date of Status: 2012-01-03

Filing Date: 2004-12-01

Transformed into a National Application: No

Registration Date: 2005-12-13

Register: Principal

Law Office Assigned: LAW OFFICE 104

If you are the applicant or applicant's attorney and have questions about this file, please contact the Trademark Assistance Center at TrademarkAssistanceCenter@uspto.gov

Current Location: L40 -TMEG Law Office 104

Date In Location: 2012-01-03

LAST APPLICANT(S)/OWNER(S) OF RECORD

1. Bureau International de Medecins sans Frontieres

Address:

Bureau International de Medecins sans Frontieres

Case Postale 116 Rue de Lausanne 78
Geneve 21 CH-1211
Switzerland
Legal Entity Type: NON-PROFIT CORPORATION
State or Country Where Organized: Switzerland
Phone Number: +41 22 849 84 00
Fax Number: +41 22 849 84 04

GOODS AND/OR SERVICES

International Class: 044
Class Status: Active
charitable services, namely, providing medical services to underdeveloped countries
Basis: 1(a)
First Use Date: 1971-12-00
First Use in Commerce Date: 2001-10-00

ADDITIONAL INFORMATION

Color(s) Claimed: The color(s) red, black and white are claimed as a feature of the mark

Description of Mark and Any Color Part(s): The wording "MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS" appears in black. The line separating the wording and the head, arms, and background behind the man running appear in red. The legs of the man running appear in white.

Translation: The English translation of MEDECINS SANS FRONTIERES is DOCTORS WITHOUT BORDERS.

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26.17.13 - Letters or words underlined and/or overlined by one or more strokes or lines; Overlined words or letters; Underlined words or letters
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Prior Registration Number(s):
1156743

MADRID PROTOCOL INFORMATION

(NOT AVAILABLE)

PROSECUTION HISTORY

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2005-08-02 - EXAMINERS AMENDMENT E-MAILED

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2005-08-02 - Examiners Amendment And/Or Priority Action - Completed

2005-06-27 - Non-final action e-mailed

2005-06-27 - Non-Final Action Written

2005-06-25 - Assigned To Examiner

2005-03-11 - Teas/Email Correspondence Entered

2005-02-28 - Communication received from applicant

2005-02-28 - TEAS Voluntary Amendment Received

2004-12-09 - New Application Entered In Tram

ATTORNEY/CORRESPONDENT INFORMATION

Attorney of Record

Dwayne K. Goetzel

Correspondent

Dwayne K. Goetzel

Meyertons, Hood, Kivlin, Kowert & Goetze

P.O. Box 398

Austin TX 78767-0398

Phone Number: 512-853-8800

Fax Number: 512-853-8801

Domestic Representative

Dwayne K. Goetzel

Phone Number: 512-853-8800

Fax Number: 512-853-8801

EXHIBIT F

TRADEMARK LICENSE AND ASSIGNMENT AGREEMENT

This trademark license and assignment agreement is entered into and effective as of 14 September 2000.

Between :

Bureau International de Médecins Sans Frontières, a not-for-profit charitable organization organized and existing under the laws of Belgium and having its offices at 39, rue de la Tourelle, B-1040 Brussels, Belgium, represented hereto by Dr. Jean-Marie KINDERMANS, empowered for the purposes hereof (hereinafter referred to as "MSF International");

ON THE ONE HAND,

and :

Médecins Sans Frontières USA, commonly known as "Doctors Without Borders", a not-for-profit charitable organization organized under the laws of the State of New York and having its offices at 6 East 39th Street, New York, NY 10016, USA, represented hereto by *Victoria Bjorklund* empowered for the purposes hereof (hereinafter referred to as "MSF USA").

ON THE OTHER HAND.

14 September 2000

1

MSF *JSK*

WHEREAS, MSF International, and MSF USA wish to provide for unified ownership by MSF International of all trademarks throughout the world relating to DOCTORS WITHOUT BORDERS, MEDECINS SANS FRONTIERES, MEDICOS SIN FRONTERAS, any other translation of the French name, and MSF ;

WHEREAS, MSF USA owns or has right to use certain trademark registrations and applications related to DOCTORS WITHOUT BORDERS in the United States of America and on the World Wide Web of the Internet ;

WHEREAS, MSF USA desires for MSF International to own such trademark registrations and applications and all rights relating thereto, and MSF International desires for MSF USA to have exclusive use thereof in the United States of America and certain rights on the World Wide Web of the Internet as set forth herein;

NOW, THEREFORE, for good and valuable consideration, including the foregoing and the mutual promises set forth herein, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

1. DEFINITIONS

For purposes of this Agreement, the following terms shall have the respective meanings assigned to them below:

1.1 Agreement. The term "Agreement" shall mean this document and any annex, exhibit, attachment, schedule or modification hereto.

1.2 Effective Date. The term "Effective Date" shall mean 14 Sept 2000.

1.3 Member shall mean being a member of the International Association "Bureau International de Médecins Sans Frontières", the rules of which have been published in the Legal Journal "Annexes du Moniteur Belge" of 29 August 1996 under code number 17991/92.

1.4 Territory. The term "Territory" shall mean the United States of America with respect to the goods and services provided by MSF USA, and the Internet and any future equivalent or similar media with respect to advertising and promotion of goods and services offered by MSF USA within the United States of America.

1.5 Trademarks, or Trademark. The term "Trademarks" or "Trademark" shall mean the U.S trademark registration(s) and/or application(s) and other rights as listed on Part I and Part II of Exhibit A hereto. Any new application or registration of the Trademarks by MSF International shall automatically be included in the list of Exhibit A.

MSF Int.

2. ASSIGNMENT/LICENSE

2.1 MSF USA hereby assigns to MSF International any and all of its right, title and interest in the Trademarks listed in Part I of Exhibit A.

2.2 At the same time, MSF International hereby grants to MSF USA, who accepts, an exclusive perpetual - except if the Agreement is terminated under the conditions stated in Section 11 "Termination" - royalty-free license to use the Trademarks in the Territory.

2.3 In the event MSF USA wishes to begin using (i) a new trademark that is confusingly similar to DOCTORS WITHOUT BORDERS, MEDECINS SANS FRONTIERES, MEDICOS SIN FRONTERAS, any other translation of the French name or MSF or (ii) the trademarks DOCTORS WITHOUT BORDERS, MEDECINS SANS FRONTIERES, MEDICOS SIN FRONTERAS, any other translation of the French name or MSF on goods and services not covered by the registrations and applications set forth on Exhibit A hereto, MSF USA shall request in writing the consent of MSF International to such use, which MSF International shall not unreasonably withhold or delay. If MSF International agrees to give its consent, such new trademark shall be appended to Exhibit A hereto without further amendment of this Agreement and shall be considered within the definition of "Trademarks" for all purposes herein.

2.4 The parties agree to cooperate in good faith as to an agreement on the ownership and use of domain names matching the Trademarks. Domain names are not covered by the definition of the Trademarks hereunder.

3. REPRESENTATION AND WARRANTIES

3.1 Each party to the Agreement warrants and represents to the other party that it has full right and power to enter into and perform its obligations under this Agreement, and that there are no outstanding agreements, assignments and encumbrances in existence inconsistent with the provisions of this Agreement, nor will other party enter into the same in the future.

3.2 Each party to the Agreement hereby disclaims all representations and warranties with respect to the Trademarks, including their ownership, validity and non-infringement of the rights of any third party.

4. USE OF THE TRADEMARKS

4.1 MSF USA undertakes to use the Trademarks in conformity with the Trademark registrations or applications and in conformity with the Graphic Chart (see photocopy in Exhibit B hereto). MSF USA shall only use the Trademarks in accordance with applicable trademark law and practice.



The Graphic Chart shall be automatically replaced only if any new graphic chart or corporate identity is approved, with respect to any limits upon MSF USA's ability to use English translations of the Trademark, by both the International Council and the Board of directors of MSF USA, and with respect to the logo, font, color, other artistic or stylistic issues concerning the Trademarks, by the International Council.

4.2 Without the consent of MSF International, MSF USA shall not create any new mark that combines the Trademarks with the trademarks of any third party and shall not use the Trademarks in combination with other third party marks in any manner that reasonably suggests that MSF USA is endorsing or sponsoring such third party.

4.3 MSF USA undertakes to use all the Trademarks on a continuous basis in order to avoid any cancellation of the Trademarks for non use. MSF USA should inform MSF International in the event that MSF USA decides to stop using one of the Trademark.

5. TRADEMARK REGISTRATIONS

5.1 MSF International shall, at its own expense, maintain and renew the Trademarks registrations within the term for renewal and fully prosecute all Trademarks applications. In the event MSF International does not want to maintain, prosecute or renew a Trademark, it must inform MSF USA within a reasonable time. Thereafter, MSF USA shall have the right to take all necessary actions in this regard and MSF International must cooperate as necessary.

5.2 At MSF International's expense and request, MSF USA undertakes to help, support and assist MSF International and to provide MSF International with the necessary information and documents necessary to maintain the validity and value of the Trademarks, and any registrations or applications related thereto.

5.3 MSF International shall, at its own initiative or under a proposal of MSF USA, file for new registrations of the Trademarks. The rights resulting from these new filings in the Territory shall be automatically incorporated in the Agreement.

5.4 MSF USA shall not apply in its own name for registration of any of the Trademarks, nor for registration of any trademark confusingly similar to the Trademarks within the Territory, in any class and for any goods and services, nor shall MSF USA assist any third party to do so. In the event of a failure to this undertaking, upon request, MSF USA shall immediately assign all rights in any such application to MSF International at MSF USA's expense, or MSF International shall have the right to terminate this Agreement under the conditions stated in section 11.

MSF Int'l.

6. QUALITY CONTROL

6.1 MSF USA undertakes that all goods and services that it provides under the Trademarks shall be of high quality and in accordance with the requirements and standards established by MSF International and by all applicable laws, regulations and customs.

6.2 MSF USA undertakes to inform MSF International every six months of any new goods and services to be displayed to the public under the Trademarks.

7. TRADEMARK PROSECUTIONS

7.1 Each party shall promptly notify the other party in writing of any unauthorized use of the Trademarks, or of any act that may constitute an infringement or dilution of the Trademarks or any related unfair competition act or damage (Infringement) of which it has actual knowledge.

7.2 MSF International shall have the right to bring or assert claims, actions, suits or proceedings (Proceedings) alleging Infringement to the Trademarks. If MSF International does bring a Proceeding, MSF USA shall provide MSF International with its reasonable cooperation and assistance with respect to any such proceedings. MSF International may, at its own discretion, invite MSF USA to be party to such Proceedings.

7.3 If MSF USA requests that MSF International bring a Proceeding alleging Infringement of the Trademarks, MSF International shall decide within 30 days (or sooner, if justified under the circumstances) whether to do so. If MSF International declines to bring the Proceedings, then MSF USA shall have the right to bring such Proceeding. In such event, MSF International shall provide MSF USA with its reasonable cooperation and assistance with respect to any such Proceedings, including granting MSF USA all consents and standing required by law and, if required by law, being joined with MSF USA as a party to any such Proceedings.

7.4 In the event of any Proceeding under this section 7, the parties shall agree in good faith on a fair and reasonable allocation of all costs, control and responsibilities, damages, recoveries and benefits relating thereto.

8. TRADEMARK DEFENSE

8.1 Each party shall promptly notify the other party in writing of any claim by a third party as relating to the validity or enforceability of the Trademarks of which it has actual knowledge.

MSF Int'l.

8.2 In the event of a Proceeding by a third party against the validity or enforceability of the Trademarks, MSF International shall have the right in the first instance to assume the defense of the Trademarks. If MSF International does assume the defense, MSF USA shall provide MSF International with its reasonable cooperation and assistance with respect to any such Proceedings. If MSF USA requests that MSF International assume such defense, MSF International shall decide within 20 days (or sooner, if justified under the circumstances) whether to do so. If MSF International declines to assume the defense, then MSF USA shall have the right to do so. In such event, MSF International shall provide MSF USA with its reasonable cooperation and assistance with respect to any such defense, including granting MSF USA all consents and standing required by law and, if required by law, being joined with MSF USA as a party to any such defense.

8.3 In the event that a definitive judicial order declares that the Trademarks are invalid, void or forfeited for any reason, the parties shall cooperate on the best course of action to preserve the parties' intent and purpose hereunder. MSF USA agrees that it shall not claim to MSF International any compensation, damages or interest because of such invalidity, provided that such order is not the result of any act of or on behalf of MSF International.

8.4 Each party shall promptly notify the other party in writing of any third party claim or Proceeding related to the use of the Trademarks by MSF USA, such as but not limited to actual or threatened infringement Proceedings.

8.5 MSF International shall provide MSF USA with its reasonable cooperation and assistance with respect to any such Proceedings.

8.6 In the event that a definitive judicial order declares that the Trademarks are infringing any third party rights, the parties shall cooperate on the best course of action to preserve the parties' intents and purposes under this Agreement.

8.7 In the event of any Proceeding under this section 8, the parties shall agree in good faith on a fair and reasonable allocation of all costs, control and responsibilities, damages, recoveries and benefits relating thereto.

9. ASSIGNMENT

9.1 Each party of this Agreement agrees that it shall not transfer and assign in part or in whole, directly or indirectly, this Agreement, the Trademarks, or any other right or obligation related to the same to any third party, without the prior written approval of the other party. Any purported transfer or assignment in violation of this §9.1 shall be null and void ab initio and of no force and effect.

WMS Jack.

9.2 MSF USA has the right to sub-license its rights hereunder to third parties on terms that are not inconsistent with this Agreement provided that the use by such third parties does not exceed the scope of use MSF USA is permitted to make pursuant to this agreement. MSF USA shall inform MSF International of any sub-license.

10. TERM OF THE AGREEMENT

The Agreement shall be effective as of the Effective Date. The Agreement shall continue in perpetuity, without prejudice of section 11.

11. TERMINATION

11.1 The Agreement shall be automatically and immediately terminated in the event that MSF USA is no longer a Member,

- either because MSF-USA has resigned its membership of the MSF organization,
- or because MSF-USA has been permanently excluded by a majority vote of the International Council (according to the rules of the International Association "Bureau International de Médecins Sans Frontières"), as a result of a material dispute caused by initiation by MSF USA of international operations without the advance approval of the International Council or the material failure by MSF USA to respect the basic principles of MSF International as set forth in the document on Principles set in Exhibit C, thus bringing MSF-USA into public disrepute or disagreement with MSF-International,
- or in the event of any transfer or assignment by MSF USA in violation of Section 9 of this Agreement.

11.2 The Agreement shall also be automatically and immediately terminated in the event of insolvency and/or compulsory liquidation of MSF USA. If MSF International is liquidated then the Trademarks in the Territory should be assigned, subject to MSF USA's rights hereunder, to the successor of MSF International (according to MSF International bylaws) or, if there is no designated successor, to MSF USA.

11.3 If this Agreement terminates, the assignment of the Trademarks to MSF International stated in Section 2 shall survive and remain in full force and effect.

12. EFFECTS OF TERMINATION

In the event of termination of the Agreement pursuant to Section 11, MSF USA shall cease any use of the Trademarks and shall, as soon as reasonably possible, change its corporate name to a name that shall not be confused with the Trademarks; provided that, to facilitate an orderly transition to a new name MSF USA may continue using in good faith the Trademarks for no more six (6) months after the termination date.

VRJY Jnd.

13. NOTICES

13.1 All notices required or permitted under this Agreement shall be in writing, shall reference this Agreement and shall be deemed given when: (i) delivered personally; (ii) sent by confirmed telex or facsimile; (iii) received after having been sent by registered or certified mail, return receipt requested, postage prepaid, or by commercial overnight carrier, with written verification of receipt.

13.2 All communications shall be sent to the addresses set forth on the first page of this Agreement or to such other address as may be desirable by a party by giving written notice to the other party pursuant to this Section 13.

14. RECORDATION OF THE AGREEMENT

14.1 The Agreement will be recorded at the US Patent and Trademark Office by MSF International. The costs of recordation at the US Patent and Trademark Office and any further costs related thereto, shall be entirely incumbent on MSF International.

14.2 At MSF International's expense, MSF USA agrees to execute any documents necessary to effectuate and register the Agreement.

15. ENTIRE AGREEMENT

The Agreement constitutes the entire understanding and agreement between the parties hereto with respect to the Trademarks and supersedes and terminates all prior agreements and understandings between the parties either oral or written, regarding the same subject matter. No modifications, additions, extensions or waivers of any provisions of this Agreement or any release of any right thereunder shall be valid, unless the same is in writing and is consented to by the parties hereto.

16. FURTHER ASSURANCES

Each party shall execute such documents and take such action as the other party may reasonably request to effectuate the purposes of this Agreement and to preserve and protect the Trademarks.

17. SEVERABILITY

In the event that any non-material part or provision of the Agreement is deemed by a court of competent jurisdiction to be invalid, illegal, or unenforceable in any respect, such

MSF Int'l.

invalidity, illegality, or unenforceability shall not affect any other part or provision of this Agreement, but this Agreement shall be construed as if such invalid, illegal, or unenforceable part or provision had never been contained therein.

18. GOVERNING LAW; JURISDICTION

This Agreement shall be governed by and interpreted in accordance with the laws of the State of New York. Each party irrevocably consents to the exclusive jurisdiction of the courts of New York, in connection with any action by either party to enforce the provisions of the Agreement, to recover damages or other relief for breach or default under the Agreement, or otherwise arising under or by reason of the Agreement.

19. HEADINGS

The captions and headings used in this Agreement are inserted for convenience only and shall not affect the meaning or interpretation of this Agreement.

20. COUNTERPARTS

This Agreement may be executed simultaneously in one or more counterparts, each of which shall be deemed an original and all of which together shall constitute one and the same document.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the Effective Date.

This Agreement is executed in three (3) originals, one of them being for the purpose of the recordation with the U.S. Patent and Trademark Office.

Médecins Sans Frontières USA

Médecins Sans Frontières International

By: Victoria B. Bjorklund
Secretary, Director
Title: Chair, Administration Committee

By: Joel Kuindersma
Title: Director of the International Office

Date: October 3, 2000

Date: 14.9.00

Victoria B. Bjorklund

Joel Kuindersma

List of exhibits:

Exhibit A: Trademarks

Exhibit B: Photocopy of the Graphic Chart

Exhibit C: "Who are the Médecins Sans Frontières".

VBK *Inc.*

EXHIBIT A

PART I

<u>TRADEMARK</u>	<u>REGISTRATION</u>
DOCTORS WITHOUT BORDERS	U.S. Reg. No 1,820,094 (February 8, 1994)
DOCTORS WITHOUT BORDERS	U.S. Reg. No 2,290,906 (November 9, 1999)

All common-law rights in the marks "Doctors Without Borders" and "DWB".

PART II

<u>TRADEMARK</u>	<u>REGISTRATION</u>
LOGOTYPE	U.S. Reg. No. 2,066,252 (June 3, 1997)
MEDECINS SANS FRONTIERES	U.S. Reg. No. 1,156,743 (June 2, 1981)

All common-law rights in the marks "Médecins Sans Frontières", "Medicos Sin Fronteras" and "MSF".

VBH *John.*

EXHIBIT B

Photocopy of the Graphic Chart

VBB John

CHARTER GRAPHIQUE

CORPORATE

V66

S O M M A I R E



C O N T E N T S

LOGOTYPE	1	LOGOTYPE
Construction du logotype	a	Logotype construction
Références couleur du logotype	b	Logotype colour references
Construction du sigle	c	Construction of the graphic element
Références couleur du sigle	d	Colour references of the graphic element
Typographie	e	Typography
Règles d'utilisation : pour les sections	f	Sections rules
Règles d'utilisation : pour le terrain	f	Field rules
Règles d'utilisation : pour les delegate offices	f	Delegate offices rules
Interdits	g	Restrictions
Fonds couleur	h	Background colours
Principes essentiels	i	Basic principles
PAPETERIE	2	STATIONARY
Tête de lettre	a	Letter head
Page de fax	b	Fax page
Carte de visite	c	Business card
Enveloppes	d	Envelopes
PUBLICATION	3	PUBLICATION
Édition	a	Publishing
Brochure	b	Brochure
OBJETS DE PROMOTION	4	PROMOTIONAL ITEMS
Textile	a	Clothing
Véhicules	b	Vehicles
ÉCHANTILLONS	5	SAMPLES
Logotypes noirs	a	Black logotypes
Pantone	b	Pantone

W. J. J.

LOGOTYPE

Construction du logotype	a	<i>Logotype construction</i>
References couleur du logotype	b	<i>Logotype colour references</i>
Construction du sigle	c	<i>Construction of the graphic element</i>
References couleur du sigle	d	<i>Colour references of the graphic element</i>
Typographie	e	<i>Typography</i>
Regles d'utilisation : pour les sections	f₁	<i>Sections rules</i>
Règles d'utilisation : pour le terrain	f₂	<i>Field rules</i>
Regles d'utilisation : pour les delegate offices	f₃	<i>Delegate offices rules</i>
Interdits	g	<i>Restrictions</i>
Fonds couleur	h	<i>Background colours</i>
Principes essentiels	i	<i>Basic principles</i>

LOGOTYPE

VSA

hnt

CONSTRUCTION

Le logotype est présenté dans sa version compatible sur une grille de construction. Celle-ci en fournit les proportions, à respecter en cas d'agrandissement.

The logotype is presented in full on a grid. This gives the proportions which are to be respected when enlarging.

CONSTRUCTION

PICAS

Centimeters



RÉFÉRENCES COULEUR

Le rouge et le noir retenus sont les couleurs fondamentales de l'image de MSF. Ils ne peuvent être modifiés.

Red and black are the fundamental colours that have been chosen for the MSF logotype. They are not to be modified.

COLOUR REFERENCES

PANTONE
PANTONE



**MEDECINS
SANS FRONTIERES**

Red 032 C

Process Black C

QUADRICHROME
FOUR COLOURS



**MEDECINS
SANS FRONTIERES**

M.100% + Y.100%

Black 100%

MONOCHROME
MONOCHROME



**MEDECINS
SANS FRONTIERES**

Black 100%

LOGOTYPE



LOGOTYPE

VBB Jmk.

CONSTRUCTION

C'est le dessin abouti du personnage, en cas d'utilisation sans la typographie. Sa reproduction partielle ou tronquée est à proscrire.

It is the finalised drawing of the figure to be used without the typography. It is forbidden to reproduce it in part only or truncated.

CONSTRUCTION

Picas

Centimeters



VBB
Jmk.

RÉFÉRENCES COULEUR

Les couleurs doivent être les mêmes pour le logotype et le sigle. Le rouge garde ainsi son impact et assure la reconnaissance internationale du sigle, même sans la typographie.

The same colours should be used both for the full logotype and the simple graphic logotype. In this way the colour red has the desired impact and the graphic element is internationally recognisable even without the typography.

COLOUR REFERENCES

PANTONE
PANTONE



Red 032 C

QUADRICHROME
FOUR COLOURS



M.100% + Y.100%

MONOCHROME
MONOCHROME



Black 100%

VBB Juh.

TYPOGRAPHIE

Le caractère typographique a été dessiné spécialement pour MSF. Il doit être reproduit fidèlement dans tous les cas. Un "Stone Sans" l'accompagne pour l'édition.

The typographic font has been designed especially for MSF. They should always be accurately reproduced. A copy of "Stone Sans" is available for publishers.

TYPOGRAPHY

TITRAGE INSTITUTIONNEL POUR LES LOGOTYPES MSF
INSTITUTIONAL HEADING FOR MSF'S LOGOTYPES

ABCDEFGHIJKLMNO
PQRSTUVWXYZÄÆ

Titre spécialement dessiné pour l'identité visuelle MSF
Heading specially designed for MSF's visual identity.

LE STONE SANS ITALIQUE
ITALIC "STONE SANS"

ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
1234567890.....CORPS 12 - INTERLIGNE 22 - APPROCHE 400

LE STONE SANS BOLD ITALIQUE
BOLD ITALIC "STONE SANS"

ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
1234567890.....CORPS 12 - INTERLIGNE 22 - APPROCHE 300

Caractère obligé pour la papeterie MSF
The obligatory font for MSF stationery

LOGOTYPE **1** LOGOTYPE

Handwritten signature

RÈGLES POUR LES SECTIONS MSF

Le Conseil International a décidé, en avril 1994, de saisir l'opportunité d'un nouveau logotype pour promouvoir au maximum le nom de l'organisation « MÉDECINS SANS FRONTIÈRES ».

In April 1994, the International Council decided to take the opportunity of promoting the name of « MÉDECINS SANS FRONTIÈRES » to a maximum when introducing the new logotype.

MSF SECTIONS LOGOTYPES

1 - Le Conseil International recommande de promouvoir le logotype avec MÉDECINS SANS FRONTIÈRES en Français.

1 - The International Council recommends using the logotype with « MÉDECINS SANS FRONTIÈRES » written in French.



2 - Mailings nationaux grand public : soit « MÉDECINS SANS FRONTIÈRES » (cf. point n°1), soit le nom dans la langue locale selon.

2 - Mailings to the general public in one's country : either « MÉDECINS SANS FRONTIÈRES » (cf. point n°1), or the name written in the local language.



VB
And.

RÈGLES POUR LES
SECTIONS MSF

MSF SECTIONS
LOGOTYPES

ARABE

AUTORITÉ PALESTINIENNE
ÉGYPTE
ÉMIRATS ARABES UNIS
AUTRES PAYS ARABES



MEDECINS SANS FRONTIERES

أطباء بلا حدود

AUSTRALIE
CANADA
USA



MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

BELGIQUE
HOLLANDE



MEDECINS SANS FRONTIERES
ARTSEN ZONDER GRENZEN

DANEMARK



MEDECINS SANS FRONTIERES
LÆGER UDEN GRÆNSER

Handwritten signature

RÈGLES POUR LES
SECTIONS MSF

MSF SECTIONS
LOGOTYPES

ESPAGNE



GRÈCE



HONG-KONG
SINGAPOUR
CHINE



ITALIE



Handwritten signature

INTERDITS

Les jeux de couleur et de typographie sont interdits pour ne pas nuire à la cohésion de l'image de MSF et à sa reconnaissance internationale. En voici quelques exemples.

It is forbidden to change the colours or the typography as it would destroy the cohesion of the MSF logo and its international recognition. Here are a few examples.

RESTRICTIONS



UTILISATION SUR UNE SEULE LIGNE
TEXT ON ONE LINE ONLY



AVEC UN ENCADRÉ
WITH A BORDER



AVEC UNE DIFFÉRENCE DE TAILLE DU TEXTE
WITH DIFFERENT SIZE TEXTS

Jul.
YBB

INTERDITS

Les jeux de couleur et de typographie sont interdits pour ne pas nuire à la cohésion de l'image de MSF et à sa reconnaissance internationale. En voici quelques exemples.

It is forbidden to change the colours or the typography as it would destroy the cohesion of the MSF logo and its international recognition. Here are a few examples.

RESTRICTIONS



LE SIGLE EN TRAMÉ NOIR OU DANS UNE AUTRE COULEUR QUE LE ROUGE •
THE GRAPHIC ELEMENT IN BLACK SCREEN OR ANY OTHER COLOUR THAN RED



LES INITIALES EN COULEUR
THE INITIALS IN COLOUR



SIGLE TRONQUÉ SEUL
THE TRUNCATED GRAPHIC
ELEMENT ALONE



TEXTE ABRÉGÉ
ABBREVIATED TEXT

FONDS COULEUR

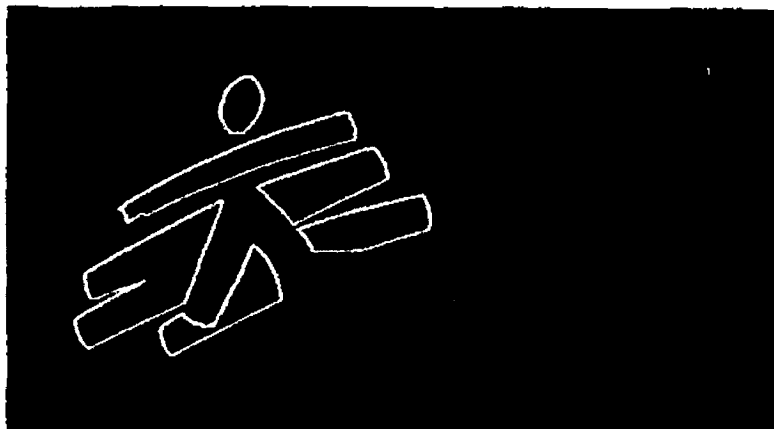
Le logotype réagit différemment sur un fond couleur ou une photographie. Pour une lecture parfaite, un filet blanc entoure alors chaque élément rouge. La typographie reste noire ou peut passer en réserve blanche.

The logotype reacts differently when on a coloured background or on a photograph. For a perfect reading, a white outline surrounds each red element. The typography remains black or can pass in white reserve.

BACKGROUND COLOURS

SIGLE : FOND ROUGE, CERNÉ BLANC 1,3 POINT + TEXTE : NOIR 100%

GRAPHIC ELEMENT : RED BACKGROUND, WHITE OUTLINE 1.3 POINT + TEXT : BLACK 100%



◀ CERNÉ BLANC 1,3 POINT POUR LONGUEUR LOGO 10 CM
A 1.3 POINTS WHITE OUTLINE FOR 10 CM LONG LOGOTYPE ▶



SIGLE : FOND ROUGE, CERNÉ BLANC 1,3 POINT + TEXTE : BLANC, CERNÉ NOIR 100% 0,5 POINT

GRAPHIC ELEMENT : RED BACKGROUND, WHITE OUTLINE 1.3 POINT + TEXT : WHITE, BLACK OUTLINE 100% 0.5 POINT

Handwritten signature

FONDS COULEUR

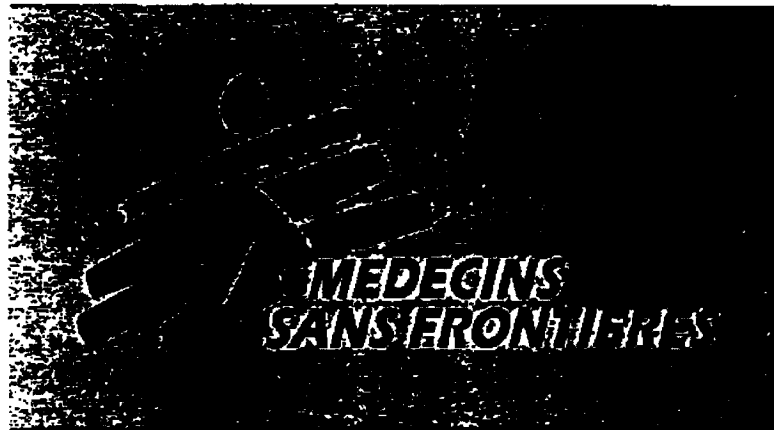
Le logo se voit différemment sur un fond noir ou une photographie. Pour une lecture parfaite, un fil blanc entoure alors chaque élément rouge. La typographie reste noire ou peut passer en réserve blanche.

The logo looks different when on a colored background or on a photograph. For a perfect reading, a white outline surrounds each red element. The typography remains black or can be white.

BACKGROUND COLOURS

SIGLE : FOND ROUGE + TEXTE : NOIR 100%

GRAPHIC ELEMENT : RED BACKGROUND + TEXT : BLACK 100%



SIGLE : FOND ROUGE + TEXTE : NOIR 100%

GRAPHIC ELEMENT : RED BACKGROUND + TEXT : BLACK 100%



BB Arch.

PRINCIPES ESSENTIELS

Ce résumé des points clés recommandés et des précautions d'emploi est à respecter dans le cadre de l'utilisation du logotype MSF. Ces principes respectés finalisent la bonne reconnaissance de cette image.

This résumé of precautions and key recommendations of usage are to be respected wherever the MSF logotype is to be used. The respect of these principles ensures the clear recognition of the logo.

BASIC PRINCIPLES

- Les caractères dessinés spécialement pour le logotype et ceux déterminés pour la papeterie ne peuvent en aucun cas être remplacés par d'autres caractères (cf. 1.e).
- Une version a été spécialement conçue pour utiliser exceptionnellement le logotype sans titrage. Dans ce cas, il est obligatoire d'utiliser ce sigle (cf. 1.c et 1.d).
- Lorsque le logotype est utilisé en une seule langue, le titrage s'inscrit toujours sur deux lignes, avec le mot "Médecins", seul, sur la première ligne. Les proportions entre le sigle et son titrage sont précises et doivent être respectées (cf. 1.a et 1.b).
- Lorsque le logotype est utilisé en plusieurs langues, chaque langue s'inscrit sur une seule ligne. Chaque ligne est séparée d'un filet rouge pour la version couleur, noir pour la version monochrome. Les proportions entre le sigle, les titrages et le filet sont précises et doivent être respectées (cf. 1.f.3).
- Lorsque le logotype s'inscrit sur un fond coloré foncé (monochrome ou photographique), le personnage et sa trace sont toujours cernés d'un filet blanc. Le titre, en fonction du fond, sera noir 100% ou blanc à votre convenance (cf. 1.h.1 et 1.h.2).

- The fonts specially designed for the logotype and those chosen for the stationary cannot be replaced by any others fonts whatsoever (cf. 1.e).
- A special version of the Logotype has been designed for when the graphic is used exceptionally without the heading. It is then obligatory to use this logotype (cf. 1.c and 1.d).
- When the logotype is used in one language only, the heading is always written on two lines with the word "Médecins" on its own on the first line. The proportions between the graphic element and its heading are precise and should always be respected. (cf. 1. a and 1. b).
- When the logotype is used in more than one language, each language is written on one line. Each line is separated by a red line in the colour version and a black line in the monochrome version. The proportions between the graphic element, the headings and the separating line are precise and must be respected (cf. 1.f.3).
- When the logotype is on a dark coloured background (monochrome or photographic) the graphic element is always outlined in white. The title, depending on the background, is either black 100% or white as desired (cf. 1.h.1 and 1.h.2).

VBB Juch.

P A P E T E R I E

Fête de lettre	<i>a</i>	<i>Letter head</i>
Suite de lettre	<i>a</i>	<i>Continuation sheet</i>
Page de fax	<i>b</i>	<i>Fax page</i>
Carte de visite	<i>c</i>	<i>Business card</i>
Carte de correspondance	<i>c</i>	<i>Correspondence card</i>
Enveloppes	<i>d</i>	<i>Envelopes</i>

S T A T I O N A R Y


1713
2/10

TÊTE DE LETTRE


L'homogénéité des en-têtes de lettre est nécessaire. Les cotes de placement du logo et des textes doivent être respectées sur tous les formats.

The headings on letter head pages must be uniform. The dimensions for placement of the logo and texts must be respected on all page sizes.

LETTER HEAD



10mm
10mm
30mm



13mm
70mm

**MEDICINS
SANS FRONTIÈRES**

STONE SANS REGULAR
ITALIQUE - CORPS 7

Inter 9 pts
Inter 14.5 pts
Inter 12 pts

Il est recommandé
d'utiliser la police
"Stone Sans Regular"
pour les textes de
"Médecins Sans Frontières"
et "Médecins Sans Frontières"
pour les textes de
"Médecins Sans Frontières"
et "Médecins Sans Frontières"

42mm

SUITE DE LETTRE
CONTINUATION SHEET

STONE SANS REGULAR ITALIQUE - CORPS 13

Remarque: Interpoler à point justifié. Grande police: 12pt - 14pt - 16pt - 18pt - 20pt - 22pt - 24pt - 26pt - 28pt - 30pt - 32pt - 34pt - 36pt - 38pt - 40pt - 42pt - 44pt - 46pt - 48pt - 50pt - 52pt - 54pt - 56pt - 58pt - 60pt - 62pt - 64pt - 66pt - 68pt - 70pt - 72pt - 74pt - 76pt - 78pt - 80pt - 82pt - 84pt - 86pt - 88pt - 90pt - 92pt - 94pt - 96pt - 98pt - 100pt

TÊTE DE LETTRE LETTER HEAD

VAB *Jan.*

PAGE DE FAX

L'homogénéité des en-têtes de lettre est nécessaire (cf. 2.a.). Cette mise en page a été dictée par la nécessité d'offrir le plus d'espace libre possible au message transmis.


The headings on letter head pages must be uniform (see 2.a.). This layout is necessary in order to leave as much space as possible for the message.

FAX

PAGE

Concernant les cotes à respecter pour le placement du logo, du bloc adresse et du fillet, de la ligne de texte en bas de page, se référer à la page "tête de lettre" (cf. 2.a.).

With regard to the dimensions for placement of the logo, the address and the vertical line, as well as the line of text at the bottom of the page, refer to the "Letter head" page (2.a.).



**MÉDECINS
SANS FRONTIÈRES**

B. rue Saint-Sauveur
75004 Paris cedex 11
Tél : (33) 1 46 37 29 29
Fax : (33) 1 46 37 29 29
Tél : (33) 1 46 37 29 29
Tél : (33) 1 46 37 29 29

11mm
45mm
139mm
13mm

À : Pour / To

Secteur / Department

Numéro de fax / Fax

Rue / From

Secteur / Department

Totalité des pages / Pages totally

Objet / Date

En cas de mauvaise réception, téléphoner au 06.21 / In case of poor reception, call 06.21

10mm

90°

15mm

le corps :

STONE SANS BOLD

CORPS 8 - INTER 19 pts

ou

STONE SANS REGULAR ITALIQUE

CORPS 8 - INTER 19 pts

ou

dernière ligne - INTER 23 pts

le pied :

STONE SANS BOLD

CORPS 4 - INTER 19 pts

STONE SANS BOLD - CORPS 8

ECH. HORIZONTALE 123%

DIAMÈTRE DU CERCLE 30mm

7mm

Handwritten signature

CARTE DE VISITE

Une unité de mise en page est prévue pour les cartes de visite et de correspondance. Le logotype se détache nettement des textes, toujours alignés sur un fin filet rouge.

A specific layout is provided for business and correspondence cards, the logo stands out clearly from the texts, which are always framed by a fine red line.

BUSINESS CARD

CARTE DE VISITE BUSINESS CARD

FILET VERTICAL ROUGE 0.2 pt

3mm

8, rue Saint-Sabin
75546 Paris cedex 11

Téléphone
(33) 1 48 21 29 29

Fax
(33) 1 48 06 68 68

Inter 11 pts
Inter 6 pts
Inter 9 pts

STONE SANS REGULAR ITALIQUE - CORPS 7

32mm

12mm

Inter 10 pts

François DUPOND
Directeur administratif

24mm

12mm

STONE SANS BOLD ITALIQUE - CORPS 7.3
STONE SANS REGULAR ITALIQUE - CORPS 7.3

CARTE DE CORRESPONDANCE CORRESPONDENCE CARD

3mm

8, rue Saint-Sabin
75546 Paris cedex 11

Téléphone :
(33) 1 48 21 29 29

Télex :
(042) 21 43 60 F

Fax :
(33) 1 48 06 68 68

Admétel : 3613 - MSF

Inter 13.5 pts
Inter 11 pts
Inter 7.5 pts

STONE SANS REGULAR ITALIQUE - CORPS 6

31mm

5mm

FILET VERTICAL ROUGE 0.2 pt

MSF

ENVELOPPES

Les éléments définis page 2c sont repris sur les enveloppes. Des cotes précises permettent de s'adapter aux deux types de format.

The elements shown on page 2c are also printed on envelopes. Precise dimensions make it possible to adapt to both sizes.

ENVELOPPES



53 mm



53 mm

10 mm

8 mm

FILET VERTICAL ROUGE : 0.2 pt

8, rue Saint-Sabin
75544 Paris cedex 11

Téléphone :
(33) 1 40 21 29 29

Telex :
(042) 21 43 60 F

Fax :
(33) 1 48 06 68 68

Minitel : 3615 + MSF

Inter 21 pts

Inter 17 pts

Inter 12 pts

10 mm

STONE SANS REGULAR
ITALIQUE - CORPS 9.5

11 mm

5 mm

FILET VERTICAL ROUGE : 0.2 pt

8, rue Saint-Sabin
75544 Paris cedex 11

Téléphone :
(33) 1 40 21 29 29

Telex :
(042) 21 43 60 F

Fax :
(33) 1 48 06 68 68

Minitel : 3615 + MSF

Inter 13.5 pts

Inter 11 pts

Inter 7.5 pts

5 mm

STONE SANS REGULAR
ITALIQUE - CORPS 9.5

VB Ind.

P U B L I C A T I O N

Edition	<i>a</i>	<i>Publishing</i>
Brochure	<i>b</i>	<i>Brochure</i>

P U B L I C A T I O N

21

E D I T I O N

Vous vous presentons ici un exemple d'application du
logotype MSF en couleur : il presente le logotype direc-
tement applique sur le visuel.

This is an example of the use of the MSF colour logo
directly on the photograph or picture.

P U B L I S H I N G



VAB
Jub.

BROCHURE

Nous vous présentons ici un exemple d'application
du logiciel MSP en couleur directement appliqué sur
le visuel en quadrichromie.

This is an example of use of the MSP program, applied
directly to the visual support in a four colour printing
process.

BROCHURE



Handwritten signature or mark

OBIETS DE PROMOTION

Textile
Vehicules

a
b

Clothing
Vehicles

PROMOTIONAL ITEMS

1113
22

TEXTILE

Le logotype MSF devra être imprimé sur les deux faces du vêtement, au format maximum. Une version logotype au recto et signe au verso reste possible.

The MSF logo must be printed as large as possible on both sides of the garment. An alternative version with the logo on the front and the logo picture alone on the back is also possible.

CLOTHING



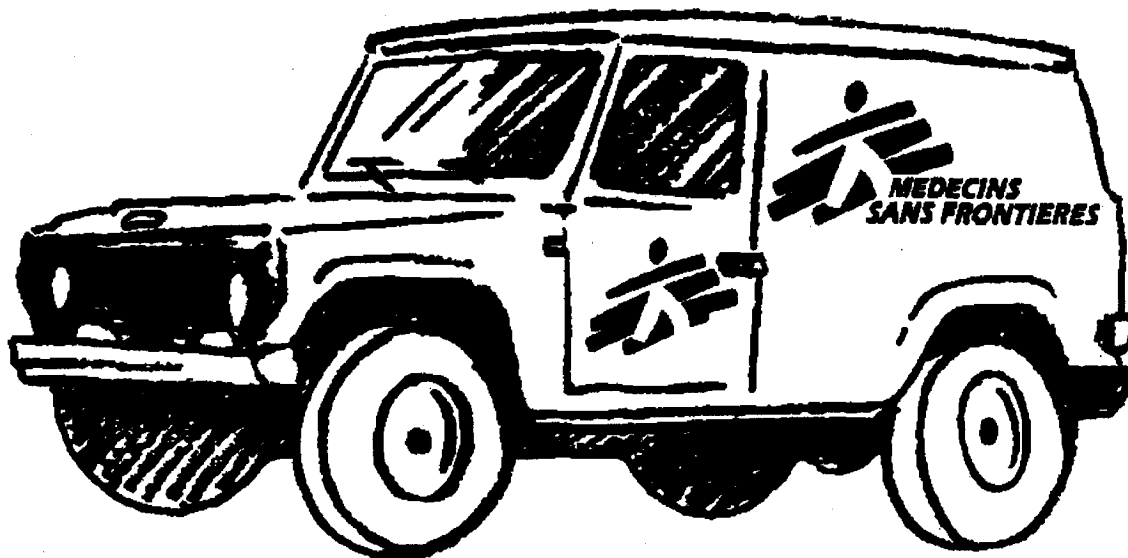
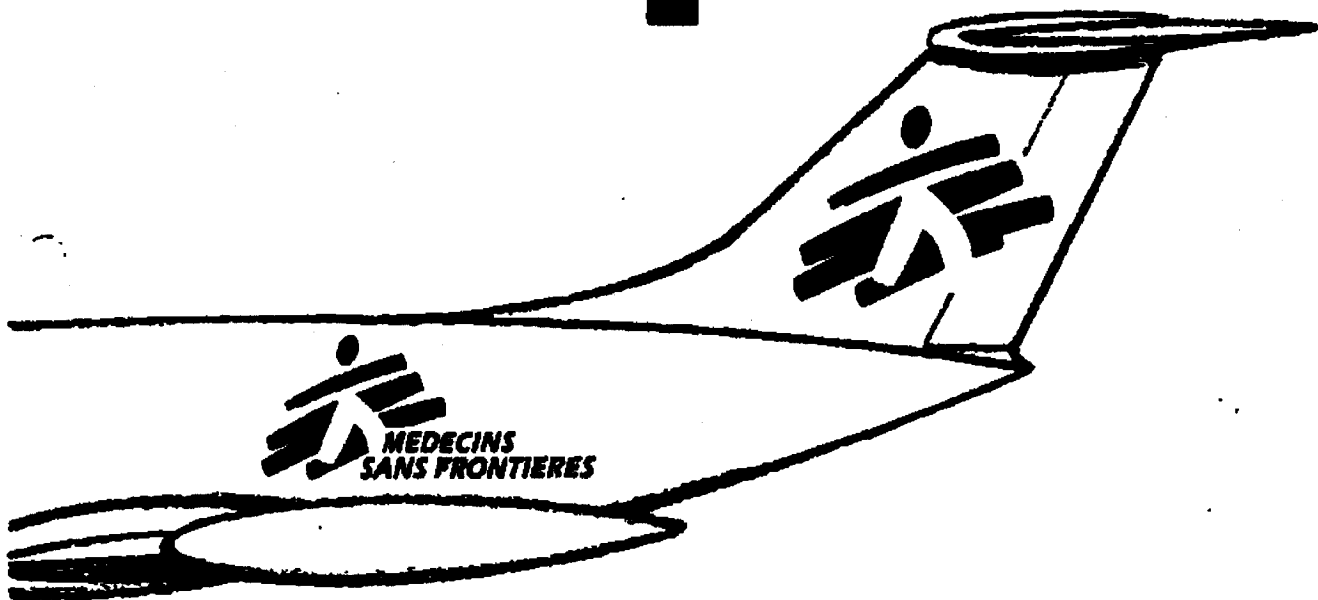
Paul
VBB

V É H I C U L E S

Pour des raisons de sécurité, il est souhaitable que le logotype apparaisse sur toutes les faces du véhicule. Quand l'espace est insuffisant, on utilise seulement le sigle (cf. portière 4x4 - queue de l'avion).

For safety reasons, the logo should appear on all sides of the vehicle. When space is lacking, the logo picture alone is used (refer to the door of the 4-wheel drive vehicle and the tail of the aircraft).

V E H I C L E S



ÉCHANTILLONS

Logotypes noirs

Pantone

a

b

Black logotypes

Pantone

S

A M P L E S

BLACK LOGOTY



PANTONE

Les timbres ci-dessous vous donnent les références précises du langage MIF en Pantone et en Benday. Lors d'un travail d'impression, il est recommandé de joindre un échantillon de cette couleur à votre imprimatur.

The stamps shown here give the precise references in the MIF language - Pantone and Benday. For printing purposes it is recommended to attach a colour sample sheet to the order.

PANTONE 001 C BENDAY 100% 100%	PANTONE 002 C BENDAY 100% 100%	PANTONE 003 C BENDAY 100% 100%	PANTONE 004 C BENDAY 100% 100%	PANTONE 005 C BENDAY 100% 100%	PANTONE 006 C BENDAY 100% 100%	PANTONE 007 C BENDAY 100% 100%
PANTONE 008 C BENDAY 100% 100%	PANTONE 009 C BENDAY 100% 100%	PANTONE 010 C BENDAY 100% 100%	PANTONE 011 C BENDAY 100% 100%	PANTONE 012 C BENDAY 100% 100%	PANTONE 013 C BENDAY 100% 100%	PANTONE 014 C BENDAY 100% 100%
PANTONE 015 C BENDAY 100% 100%	PANTONE 016 C BENDAY 100% 100%	PANTONE 017 C BENDAY 100% 100%	PANTONE 018 C BENDAY 100% 100%	PANTONE 019 C BENDAY 100% 100%	PANTONE 020 C BENDAY 100% 100%	PANTONE 021 C BENDAY 100% 100%
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EXHIBIT C

WHO ARE THE MEDECINS SANS FRONTIERES

I THE PRINCIPLES

Médecins Sans Frontières (MSF) was founded to contribute to the protection of life and the alleviation of suffering out of respect for human dignity.

MSF brings care to people in precarious situations and works towards helping them regain control over their future.

1. MEDICAL ACTION FIRST

The actions of MSF are first and foremost medical. This primarily consists of providing curative and preventive care to people in danger, wherever they may be. In cases where this is not enough to ensure the survival of a population - as in some extreme emergencies - other means may be developed, including the provision of water, sanitation, food, shelter, etc.

This action is mainly carried out in crisis periods when a system is suddenly destabilised and the very survival of the population is threatened.

2. TMOIGNAGE (WITNESSING) - AN INTEGRAL COMPLEMENT

Tmoignage is done with the intention of improving the situation for populations in danger. It is expressed through:

- the presence of volunteers with people in danger as they provide medical care which implies being near and listening
- a duty to raise public awareness about these people
- the possibility to openly criticise or denounce breaches of international conventions. This is a last resort used when MSF volunteers witness mass violations of human rights, including forced displacement of populations, ~~refoulement~~ or forced return of refugees, genocide, crimes against humanity and war crimes.

In exceptional cases, it may be in the best interests of the victims for MSF volunteers to provide assistance without speaking out publicly or to denounce without providing assistance, for example when humanitarian aid is "manipulated".

VBB Jank.

3. RESPECT FOR MEDICAL ETHICS

MSF missions are carried out in respect of the rules of medical ethics, in particular, the duty to provide care without causing harm to either individuals or groups. Each person in danger will be assisted with humanity, impartiality and in respect of medical confidentiality.

In other respects, this ethical consideration provides that no one will be punished for carrying out medical activities in accordance with the professional code of ethics, regardless of the circumstances or the beneficiary of the action.

Finally, no person carrying out a medical activity can be forced to perform acts or operations in contradiction to the professional code of ethics or the rules of international law.

4. DEFENCE OF HUMAN RIGHTS

Médecins Sans Frontières ascribes to the principles of Human Rights and International Humanitarian Law. This includes the recognition of:

- the duty to respect the fundamental rights and freedoms of each individual, including the right to physical and mental integrity and the freedom of thought and movement, as outlined in the 1949 Universal Declaration of Human Rights;
- the right of victims to receive assistance, as well as the right of humanitarian organisations to provide assistance. The following conditions should also be assured: free evaluation of needs, free access to victims, control over the distribution of humanitarian aid and the respect for humanitarian humanity.

5. CONCERN FOR INDEPENDENCE

The independence of MSF is characterised above all by an independence of spirit which is a condition for independent analysis and action, namely the freedom of choice in its operations, and the duration and means in carrying them out.

This independence is displayed at both the level of the organisation and of each volunteer.

- MSF strives for strict independence from all structures or powers, whether political, religious, economic or other. MSF refuses to serve or be used as an instrument of foreign policy by any government.

The concern for independence is also financial. MSF endeavours to ensure a maximum of private resources, to diversify its institutional donors, and, sometimes, to refuse financing that may affect its independence.

- From their side, MSF volunteers are expected to be discrete and will abstain from linking or implicating MSF politically, institutionally or otherwise through personal acts or opinions.

VBB Juh.

6. A FOUNDING PRINCIPLE: IMPARTIALITY

Impartiality is fundamental to the mission of MSF and is inextricably linked to the independence of action. Impartiality is defined by the principles of non-discrimination and proportionality:

- non-discrimination in regard to politics, race, religion, sex or any other similar criteria.
- proportionality of assistance as it relates to the degree of needs - those in the most serious and immediate danger will receive priority.

7. A SPIRIT OF NEUTRALITY

MSF does not take sides in armed conflicts and in this sense adheres to the principle of neutrality.

However, in extreme cases where volunteers are witness to mass violations of Human Rights, MSF may resort to denunciation as a last available means in helping the populations it assists. In these cases, simple assistance is rendered in vain when violations persist. For this reason, MSF will drop its strict observance of the principle of neutrality and will speak out to mobilise concern in an attempt to stop the exactions and improve the situation for these populations.

8. ACCOUNTABILITY AND TRANSPARENCY

Faced with populations in distress, MSF has an obligation to mobilise and develop its resources.

Aiming at maximum quality and effectiveness, MSF is committed to optimising its means and abilities, to directly controlling the distribution of its aid, and to regularly evaluating the effects.

In a clear and open manner, MSF assumes the responsibility to account for its actions to its beneficiaries as well as to its donors.

9. AN ORGANISATION OF VOLUNTEERS

MSF is an organisation based on volunteerism. This notion principally implies:

- an individual commitment to people in precarious situations. The responsibility of the organisation is based on the responsibility taken by each volunteer;
- disinterest, assessed to by the non-lucrative commitment of volunteers.

Volunteerism is a determining factor in maintaining a spirit of resistance against compromise, routine and institutionalization.

MSF Juh.

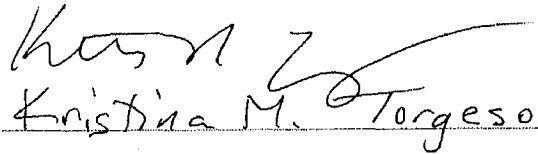
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To Médecins Sans Frontières USA, Inc.:

In accordance with Section 7 of the Trademark License and Assignment Agreement dated September 14, 2000 between Bureau International de Médecins Sans Frontières ("MSF International") and Médecins Sans Frontières USA, Inc. ("MSF USA"), MSF International hereby grants MSF USA, the exclusive licensee in the United States of all rights in and to the service mark DOCTORS WITHOUT BORDERS (including U.S. Reg. 2,290,906), consent and standing to file notices of opposition with respect to the pending applications for registration of the trademarks BOOKS WITHOUT BORDERS (Serial No. 85/180,994), WISDOM WITHOUT BORDERS (Serial No. 85/181,053), KUTUB BILA HUDOOD (Serial No. 85/181,019), and HIKMA BILA HUDOOD (Serial No. 85,181,079) with the Trademark Trial and Appeal Board at the United States Patent and Trademark Office. MSF International further consents to the use of MSF International's name as a party to such petition.

Signed: Bureau International de Médecins Sans Frontières

Name:


Kristina M. Torgeson

Dated:

29 March 2012

EXHIBIT H

4/2/2012



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Books Without Borders

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Standard Characters Claimed	
Mark Drawing Code	(4) STANDARD CHARACTER MARK
Serial Number	85180994
Filing Date	November 19, 2010
Filing Basis	1B
Original Filing Basis	1B
Published for Opposition	December 6, 2011
Owner	(APPLICANT) Books Without Borders (Kutub Bila Hudud) CORPORATION D.C. 1815 17th Street, NW, Suite 802 Washington D.C. 20009
Assignment Recorded	ASSIGNMENT RECORDED
Attorney of Record	Betsy E. Lehrfeld

4/2/2012

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Registration Number: (NOT AVAILABLE)

Mark

Books Without Borders

(words only): BOOKS WITHOUT BORDERS

Standard Character claim: Yes

Current Status: A request for an extension of time to file an opposition has been filed with the Trademark Trial and Appeal Board. For further information, see TTABVUE on the Trademark Trial and Appeal Board web page.

Date of Status: 2011-12-24

Filing Date: 2010-11-19

Transformed into a National Application: No

Registration Date: (DATE NOT AVAILABLE)

Register: Principal

Law Office Assigned: LAW OFFICE 107

Attorney Assigned:
ALTREE NICHOLAS

Current Location: 650 -Publication And Issue Section

Date In Location: 2011-11-03

LAST APPLICANT(S)/OWNER(S) OF RECORD

1. Books Without Borders (Kutub Bila Hudud)

4/2/2012

Address:

Books Without Borders (Kutub Bila Hudud)
1815 17th Street, NW, Suite 802
Washington, DC 20009
United States

Legal Entity Type: Corporation

State or Country of Incorporation: D.C.

Phone Number: 202-462-8800

Fax Number: 202-265-6564

GOODS AND/OR SERVICES

International Class: 009

Class Status: Active

free educational software featuring instruction in the field of Arabic culture, downloadable via a website, for charitable purposes; free electronic publications in the nature of books, pamphlets, poems, and journals, in the field of Arabic culture, downloadable via a website, for charitable purposes

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ADDITIONAL INFORMATION

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MADRID PROTOCOL INFORMATION

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PROSECUTION HISTORY

NOTE: To view any document referenced below, click on the link to "Trademark Document Retrieval" shown near the top of this page.

2011-12-24 - Extension Of Time To Oppose Received

2011-12-06 - Official Gazette Publication Confirmation E-Mailed

2011-12-06 - Published for opposition

2011-11-16 - Notification Of Notice Of Publication E-Mailed

2011-11-03 - Law Office Publication Review Completed

2011-10-27 - Approved For Pub - Principal Register

2011-10-27 - Teas/Email Correspondence Entered

4/2/2012

2011-10-27 - Communication received from applicant
2011-10-27 - TEAS Response to Office Action Received
2011-04-27 - Notification Of Non-Final Action E-Mailed
2011-04-27 - NON-FINAL ACTION E-MAILED
2011-04-27 - Non-Final Action Written
2011-04-25 - Previous Allowance Count Withdrawn
2011-04-22 - Withdrawn From Pub - Og Review Query
2011-04-13 - Assignment Of Ownership Not Updated Automatically
2011-04-13 - Law Office Publication Review Completed
2011-04-13 - Approved For Pub - Principal Register
2011-04-05 - Previous Allowance Count Withdrawn
2011-04-01 - Withdrawn From Pub - Og Review Query
2011-03-23 - Law Office Publication Review Completed
2011-03-21 - Assigned To LIE
2011-03-02 - Approved For Pub - Principal Register
2011-03-02 - Examiner's Amendment Entered
2011-03-02 - Notification Of Examiners Amendment E-Mailed
2011-03-02 - EXAMINERS AMENDMENT E-MAILED
2011-03-02 - Examiners Amendment -Written
2011-03-01 - Notification Of Non-Final Action E-Mailed
2011-03-01 - Non-final action e-mailed
2011-03-01 - Non-Final Action Written
2011-03-01 - Assigned To Examiner
2010-11-23 - New Application Office Supplied Data Entered In Tram
2010-11-23 - New Application Entered In Tram

4/2/2012

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EXHIBIT I

MEDECINS SANS FRONTIERES
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MSF ABOUT US

History & Principles

Doctors Without Borders/Médecins Sans Frontières (MSF) is an international medical humanitarian organization created by doctors and journalists in France in 1971.

Today, MSF provides independent, impartial assistance in more than 60 countries to people whose survival is threatened by violence, neglect, or catastrophe, primarily due to armed conflict, epidemics, malnutrition, exclusion from health care, or natural disasters. MSF provides independent, impartial assistance to those most in need. MSF also reserves the right to speak out to bring attention to neglected crises, challenge inadequacies or abuse of the aid system, and to advocate for improved medical treatments and protocols.

In 1999, MSF received the Nobel Peace Prize.

Humanitarian Action

MSF's work is based on the humanitarian principles of **medical ethics** and **impartiality**. The organization is committed to bringing quality medical care to people in crisis regardless of their race, religion, or political affiliation.

MSF operates **independently** of any political, military, or religious agendas. Medical teams conduct evaluations on the ground to determine a population's medical needs before opening programs, aiming to fill gaps that exist (rather than replicating services that are already offered) or reach communities that are not being assisted. The key to MSF's ability to act independently in response to a crisis is its **independent funding**. Ninety percent of MSF's overall funding (and 100 percent of MSF-USA's funding) comes from private, non-governmental sources. In 2009, MSF had 3.8 million individual donors and private funders worldwide.

As an organization, MSF is **neutral**. It does not take sides in armed conflicts, provides care on the basis of need alone, and pushes for increased independent access to victims of conflict as required under international humanitarian law.

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MSF's principles of action are described in the organization's 1971 founding charter, which established a framework for its activities.

Bearing Witness & Speaking Out

MSF medical teams often witness violence, atrocities, and neglect in the course of their work, much of which occurs in places that rarely receive international attention. At times, MSF may speak out publicly in an effort to bring a forgotten crisis into view, alert the public to abuses occurring beyond the headlines, criticize the inadequacies of the aid system, challenge the diversion of humanitarian aid for political interests, or call out policies that restrict access to medical care or essential medicines.

For example, in 1985, MSF spoke out against the Ethiopian government's forced displacement of hundreds of thousands of members of its own population. In 1994, the organization took the unprecedented step of calling for an international military response to the 1994 Rwandan genocide. The following year, MSF condemned the Serbian massacre of civilians at Srebrenica, and four years after that, denounced the Russian military bombardment of the Grozny, the capital of Chechnya.

SLIDESHOW



MSF Advocates on Behalf of
Hmong Refugees in Thailand

In 2004 and 2005, MSF called on the United Nations Security Council to pay greater attention to the crisis in Darfur. And in 2007, MSF denounced the targeting of civilians in conflict—something that was occurring with greater frequency in the Democratic Republic of Congo, Central African Republic, Chad, and Somalia—and the governments of Thailand and Laos, which were threatening to forcibly return nearly 8,000 Hmong refugees to Laos.

More recently, MSF endeavored to bring greater scrutiny to the inadequate response of both the South African government and the United Nations High Commissioner for Refugees following xenophobic violence against Zimbabweans and other foreign African nationals; attempts to restrict the availability of generic medicines for people living with HIV/AIDS and other diseases; the hypocritical stance of nations who send nutrition-deficient products to developing nations and call it food aid; the need for a greater response to child malnutrition across the globe; the tendency to politicize and militarize humanitarian aid, as has happened in Afghanistan and Pakistan; and the inadequate response by the international aid system to the cholera crisis in Haiti.

MSF medical teams on the ground are in constant dialogue with local authorities, warring parties, and other aid agencies in an attempt to reinforce the organization's operational independence and to facilitate the delivery of the best possible medical care for patients and their communities.

Who is MSF?

On any given day, more than 27,000 committed individuals representing dozens of nationalities can be found providing assistance to people caught in crises around the world. They are doctors, nurses, logistics experts, administrators, epidemiologists, laboratory technicians, mental health professionals, and others who work together in accordance with MSF's guiding principles of humanitarian action and medical ethics.

MSF field staff are supported by their colleagues in 19 offices around the world, including one in New York City. The vast majority of MSF's aid workers are from the communities where the crises are occurring, with ten percent of teams made up of international staff, including the more than 200 aid workers from the US who completed nearly 300 assignments in 2009, and the 340 US-based aid workers who left on more than 435 assignments to 45 countries in 2010.

More information:

Download an [MSF fact sheet](#)

How to [apply to join MSF in the field](#)

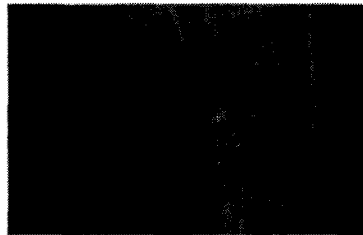
Quality Medical Care

MSF rejects the idea that poor countries deserve third-rate medical services and strives to provide high-quality care to patients. Simultaneously, and with equal vigor, MSF continuously seeks to improve the organization's own practices.

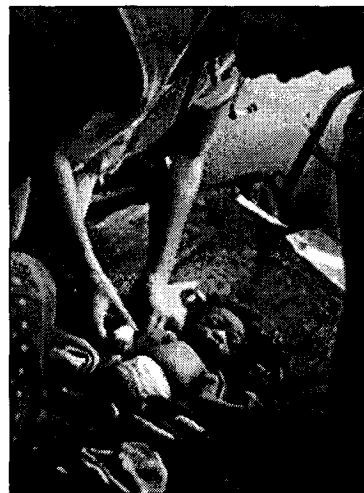
Through the [Campaign for Access to Essential Medicines](#) and, in recent years, in partnership with the [Drugs for Neglected Diseases initiative](#), this work has helped lower the price of HIV/AIDS treatment and has stimulated research and development for medicines to treat [malaria](#) and neglected diseases like [sleeping sickness](#), [kala azar](#) and [chagas disease](#).

It has led to significant improvements in MSF's logistics supply chains and several innovations in the field of humanitarian medicine, particularly in the care of chronic conditions and neglected diseases.

SLIDESHOW



[Dr. Leo Ho Treats Children with Malaria in Sierra Leone](#)



Chad 2007
© Anna-Karin Moden/MSF

International Structure

MSF is an [international movement](#) made up of 19 associative organizations: Australia, Austria, Belgium, Canada, Denmark, France, Germany, Greece, Holland, Hong Kong, Italy, Japan, Luxembourg, Norway, Spain, Sweden, Switzerland, United Kingdom, and the United States.

Each association is responsible to a Board of Directors elected by its members (MSF's current and former field staff members) during an annual General Assembly. Thanks to this large network, MSF has considerable financial, human, and logistical resources.

MSF-USA was founded in 1990 in New York City to raise funds, create awareness, recruit field staff, and advocate with the United Nations and US government on humanitarian concerns.

In 2009, MSF-USA raised \$133.9 million, representing more than 16 percent of the MSF network's private funding. In 2010, it sent US-based aid workers on more than 430 assignments overseas, liaised with a wide range of US media, organized high-level meetings with UN and US government officials, and arranged regular speaking events and activities across the US.

Activities

Learn more about when and how MSF responds to armed conflict, epidemics, malnutrition, and natural disasters. [Continue »](#)

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VIDEO »



**South Sudan: Time Is
Running Out**

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**MSF Projects in South
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**Tackling Sleeping
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**Urgent Delivery—Maternal
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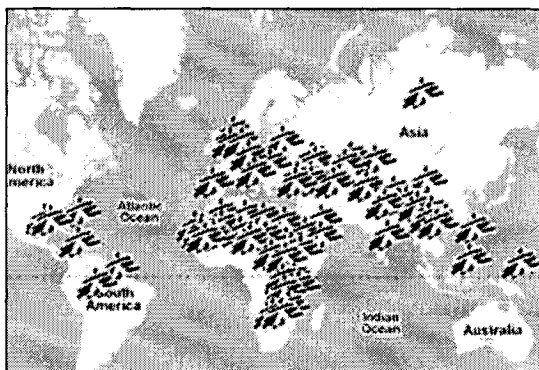
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MSF

SUPPORT OUR WORK

Activities

Every year, Doctors Without Borders/Médecins Sans Frontières (MSF) provides emergency medical care to millions of people caught in crises in more than 60 countries around the world. MSF provides assistance when catastrophic events — such as armed conflict, epidemics, malnutrition, or natural disasters — overwhelm local health systems. MSF also assists people who face discrimination or neglect from their local health systems or when populations are otherwise excluded from health care.



See an overview of MSF's work around the world on this [interactive map](#).

On any given day, more than 22,000 doctors, nurses, logisticians, water-and-sanitation experts, administrators, and other qualified professionals working with MSF can be found providing medical care around the world.

In 2009, MSF medical teams carried out more than 7.5 million outpatient consultations; delivered 110,000 babies; treated 1.1 million people for malaria; treated 200,000 severely and moderately malnourished children; provided 165,000 people living with HIV/AIDS with antiretroviral therapy; vaccinated 7.9 million people against meningitis; and conducted 50,000 surgeries.



Peru 2007 © David Levene

Slideshow: [When MSF Responds](#)

MSF is a neutral and impartial humanitarian organization that aims first and foremost to provide high-quality medical care to the people who need it the most. It does not promote the agenda of any country, political party, or religious faith, and, as such, endeavors to communicate its history, background, and capabilities to all parties in a given situation so that it may gain the necessary access to populations in need.

When MSF Responds

At its core, the purpose of humanitarian action is to save the lives and ease the suffering of people caught in acute crises, thereby restoring their ability to rebuild their lives and communities.

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ABOUT MSF'S WORK

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By issue

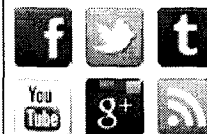
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In the countries where MSF works, one or more of the following crises is occurring or has occurred: armed conflict, epidemics, malnutrition, natural disasters, or exclusion from health care.

Armed Conflict

In numerous countries, MSF is providing medical care to people caught in war zones. Some may have been injured by gunfire, knife or machete wounds, bombings, beatings, or sexual violence. Others are cut off from medical care or denied the ability to seek the treatment they need. This could be a pregnant woman who cannot reach help to deliver her baby, or someone with a chronic condition who has no way to resupply his medicines.



Kenya 2008 © Brendan Barron

Conflict's consequences are manifold, and MSF has historically attempted to respond with speed, focus, and flexibility in order to deliver the necessary care to those most in need.

In 2009 and 2010, MSF provided surgical care in approximately two dozen countries, including the Democratic Republic of Congo, Haiti, Nigeria, Iraq, Somalia, and Jordan, as well as in Gaza, Sri Lanka, and elsewhere. MSF also provided medical care to refugees and internally displaced people seeking sanctuary in camps and other temporary shelters. Today, in places such as Chad, Niger, Kenya, Bangladesh, and Sudan, MSF runs vaccination campaigns and water-and-sanitation projects, provides basic medical care through clinics and mobile clinics, builds or rehabilitates hospitals, treats malnutrition and infectious diseases, and provides mental health support. Field teams also provide shelter and basic supplies—blankets, plastic sheeting, cooking pots, and more—when people have been uprooted from their homes and have nothing to help them survive.

MULTIMEDIA REPORT



[Colombia](#)

FIELD NEWS



[Democratic Republic of Congo](#)

SLIDESHOW



[Iraq](#)

Epidemics

MSF has a long history of responding to epidemic outbreaks of [cholera](#), [meningitis](#), [measles](#), [malaria](#), and other infectious diseases that spread rapidly and can be fatal if not treated.

Over the past decade, MSF has also become involved in the treatment of the devastating pandemics of [HIV/AIDS](#) and [tuberculosis](#), which is the leading cause of death for people with HIV/AIDS. MSF also treats neglected diseases such as [kala azar](#), [sleeping sickness](#), and [Chagas](#), diseases that largely affect the world's poorest people and for which there are, at present, few effective treatment options.

MSF believes in bringing the highest quality medical care possible to its patients. Through the [Campaign for Access to Essential Medicines](#) MSF pushes for improved diagnostics and treatments for diseases that disproportionately affect the world's poor, along with urgently needed second-line drugs for the growing numbers of patients developing resistance to first-line medicines. MSF has also called attention to the need for appropriate pediatric formulations for [children with HIV/AIDS](#), and [improved treatments and diagnostics for tuberculosis](#), for which there have been virtually no new advances in treatment since the 1960s.



Congo 2007 © Caroline Fernandez

In 1999, MSF co-founded the [Drugs for Neglected Diseases initiative](#) (DNDi) which brought together drug researchers, medical practitioners, and pharmaceutical companies to explore alternative ways of developing medicines — basing research and development priorities on need rather than profit. In 2007, DNDi and the pharmaceutical company sanofi-aventis launched ASAQ, an effective and easy-to-use treatment for malaria. More recently, MSF and DNDi worked to develop and implement the first viable new treatment for sleeping sickness in a quarter of a century, nifurtimox-eflornithine combination therapy (NECT), and they are now working to find and clinically test a new drug to treat Chagas disease.

In 2010, MSF responded to measles epidemics in several countries (particularly in Central and West Africa), a dengue fever outbreak in Honduras, kala azar outbreaks in southern Sudan and elsewhere, and a widespread outbreak of cholera in Haiti, where the organization treated more than 60 percent of all the cases that presented in the country. MSF also supported the governments of Niger and Mali as they implemented the use of a new, low-cost and longer-lasting vaccine for meningitis A.

AUDIO SLIDESHOW



[Meningitis Vaccination Campaign in Sudan](#)

VIDEO



[Treating HIV/AIDS in Malawi](#)

VIDEO



[New Malaria Medicine Developed](#)

Malnutrition

An estimated 195 million children worldwide suffer from the effects of malnutrition, with 90 percent of them living in sub-Saharan Africa and South Asia. In fact, malnutrition contributes to at least one-third of the eight million annual deaths of children under five years of age.

In 2009, MSF treated approximately 200,000 severely and moderately malnourished children in a host of countries in Africa and Asia. In many cases, teams employed ready-to-use therapeutic food, or RUTF, a revolutionary product that is changing protocols for responding to malnutrition. These nutrient-dense milk- and peanut-

based pastes include all the minerals, vitamins, and nutrients that rapidly growing young children need for proper development. In traditional treatment programs, severely malnourished children had to be hospitalized for several weeks to receive treatment. The fact that several weeks worth of RUTF can be given to families and then taken at home means that far more children can be treated than ever before.



Sudan 2008 © Anne Yzebe/MSF

In Niger in 2005 MSF pioneered the use of RUTF on a massive scale, treating 63,000 severely malnourished children on an outpatient basis with cure rates of nearly 90 percent. These results provided the impetus for MSF to begin treating moderately malnourished children in Niger with RUTF rather than providing them with the standard supplemental-enriched blended flour.

In 2007, MSF launched a pilot project using a modified RUTF to prevent malnutrition from developing in children living in one of Niger's high prevalence districts. Two years later, a study published in the Journal of American Medicine (JAMA) showed, as an MSF press release stated at the time, that "children in rural Niger who received ready-to-use food in addition to their normal diet were nearly 60 percent less likely to progress to the most life-threatening form of malnutrition than children whose diets were not supplemented."

In 2010, MSF teamed with VII Photo Agency to launch the "Starved for Attention" multimedia campaign. The ongoing campaign has already been shown in several American, European, and African cities and featured in numerous media outlets. In pictures and video, it exposes the neglected and largely invisible crisis of childhood malnutrition and urges countries making the largest contributions to food assistance to supply the right foods and adequate resources for nutrition programs in the most -affected countries. MSF sent letters to the heads of several governments and top aid officials in the US and elsewhere to call for the reform of their food aid policies. Tens of thousands of people have already signed a petition that will be presented to leaders on the eve of the G8 Summit in France in 2011.

VIDEO



[Anderson Cooper's Special Report on 60 Minutes](#)

SLIDESHOW



[Preventing Malnutrition in Niger](#)

PODCAST



[Interviews with MSF Team in Niger](#)

Natural Disasters

Natural disasters can overwhelm a local or national health structure in a matter of minutes. There are times when the aftermath of monumental disasters requires more of a development and reconstruction focus than a medical one. This was the case after the Indian Ocean tsunami in 2005, when other organizations and

government agencies had the necessary capacities to address the most pressing needs and there actually was not much for MSF to do.

In numerous instances, however, MSF played a large role in tending to the wounded and the ill who were left in a catastrophe's wake. In several situations, MSF teams were already present in a place when disaster struck and were thus able to respond quickly. This was the case when the Kashmir region of Pakistan and India was hit by a devastating earthquake in 2005, when flooding swamped Mexico in 2007, and when cyclones thrashed Bangladesh in 2007 and Myanmar in 2008. MSF teams were able to rapidly assess where their expertise would be of most assistance and set up primary and secondary care health facilities, surgical units, and mobile clinics to reach people trapped in remote areas.



Pakistan 2005 © Ton Koene/MSF

More recently, MSF launched what became the organization's largest-ever emergency effort following the January 2010 earthquake that devastated Haiti, killing more than 200,000 people and leaving more than a million homeless. Because MSF has been working in Haiti since 1991 teams were able to respond quickly. In the first seven weeks, nearly 1,200 tons of supplies were flown, driven, and carried by boat into Haiti. Staff was increased from 800 to more than 3,300, the vast majority of them Haitian. In the three-month emergency phase that followed the earthquake, MSF treated more than 165,000 people. Through October 2010, the organization treated nearly 360,000 people.

VIDEO



[Surgical Care in Aftermath of 2005 Earthquake in Pakistan](#)

SLIDESHOW



[Bangladesh: MSF Assists Cyclone Sidr Victims](#)

SLIDESHOW



[Assistance to Victims of 2007 Earthquake in Indonesia](#)

Exclusion from Health Care

In many parts of the world, certain groups—refugees, internally displaced people, migrants, minorities, the unemployed, prisoners, people with HIV/AIDS or tuberculosis, drug users, sex workers, street children and others—are marginalized and prevented from accessing adequate health care simply because of who they are. They may fear stigma and be reluctant to seek help, or their health care system may deliberately neglect or exclude them.

In these instances, MSF tries to bridge the gap in services and call on governments to make



[Rohingyas Refugees in Bangladesh](#)

sure that all of the people for whom they bear responsibility can get the treatments they need. In places such as Bangladesh and Honduras, MSF medical teams provide medical, social, and mental health care to those affected by institutional neglect and advocate with local and national governments and civil society for improved access to services and increased social acceptance for their patients.

Expertise

Since its inception, MSF's work has required specialized medical and logistical support and medical departments that work together to ensure that innovations and research advances are incorporated into the organization's practices. This is an ever-evolving process, one that the organization is constantly looking to improve and expand. For instance, MSF has continually tried to upgrade its logistical networks and supply chains. And the organization now utilizes specialized medical kits and equipment that enable its teams to start saving lives immediately after they are deployed.

Custom-designed by MSF for specific field situations, geographic conditions, and climates, these medical kits may contain everything needed to set up an entire operating room, or all of the supplies needed to treat hundreds of cholera patients as quickly as possible. In Pakistan in 2005 and in Haiti in 2010, MSF employed inflatable hospitals to give patients an actual facility in which they could be treated.



Uganda 2007 © MSF

MSF has likewise demonstrated proven expertise in the field of epidemiology through repeated experiences of diagnosing and controlling outbreaks of diseases—cholera, for example, or meningitis, measles, and even lead poisoning—by conducting emergency vaccination campaigns and treating the sick.

Epicentre, MSF's epidemiological research arm, conducts assessments and studies to bolster MSF field teams' efforts to understand the medical and nutritional needs in their area of operation, improve treatments and protocols, and develop high-quality medical care initiatives in field projects. Research from Epicentre and MSF published in 2006, in fact, showed that rapid, mass vaccinations can reduce the toll of measles epidemics in Africa, even after the epidemic has begun. The findings spurred the World Health Organization to change their protocols on responding to measles outbreaks, which had previously operated on the assumption that mass immunizations were of limited value once an outbreak was underway.

Medical data and research from MSF field operations are regularly published in peer-reviewed journals and other periodicals. MSF also publishes special reports on devastating health issues, such as sexual violence and pediatric AIDS.

Speaking Out

As part of its founding principles, MSF stands ever ready to speak out publicly on a given issue should the situation call for it. This could mean that a certain group is being neglected, that military or political efforts are causing severe medical consequences, or that international organizations are not doing enough to respond to an emergency.

Additionally, MSF advocates in capitals and board rooms around the world in order to combat policies that might restrict access to essential medicines and health care.

These efforts could take the form of a public statement, an op-ed article, posts on MSF's Facebook, Twitter, and Tumblr pages, or media appearances used to spread the word on a particular issue.

Closing a Project

Since MSF is an emergency medical organization, handovers are also necessary so that resources can be allocated to the next emergency response, when and where the needs arise.

There often comes a time when the services MSF offers are no longer necessary, when, for example, an epidemic or a conflict has abated, or local organizations are able to take over the operations. There is not a rigid and specific formula for when this might occur; nor is it always an easy decision. It is a very complex process that depends on the specific project, the immediate context, the capabilities that exist on the ground, and the judgment of field and headquarters staff.

In 2009, for example, MSF handed over its HIV/AIDS programs in Cambodia to local actors. In 2010, it handed over a number of projects in Liberia, where relative stability had arrived after many years of civil war, and closed its Bon Marche hospital in the town of Bunia, in the Democratic Republic of Congo, because it was determined that the situation in the immediate area had improved and that the emergency needs were greater in other locations.

In each case, MSF does the best it can to ensure high quality continuity of care.

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A Doctor Returns to Somaliland

VIDEO »



South Sudan: Time Is Running Out

BRIEFING DOCUMENTS »



MSF Projects in South Sudan in 2011–12

SLIDESHOW »



Tackling Sleeping Sickness in the Central African Republic

SPECIAL REPORT »



Urgent Delivery—Maternal Death: The Avoidable Crisis

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MSF ABOUT US

Doctors Without Borders/Médecins Sans Frontières (MSF) is a private international association. The association is made up mainly of doctors and health sector workers and is also open to all other professions which might help in achieving its aims.

All of its members agree to honor the following principles:

Charter

Médecins Sans Frontières provides assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict. They do so irrespective of race, religion, creed or political convictions.

Médecins Sans Frontières observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance and claims full and unhindered freedom in the exercise of its functions.

Members undertake to respect their professional code of ethics and to maintain complete independence from all political, economic, or religious powers.

As volunteers, members understand the risks and dangers of the missions they carry out and make no claim for themselves or their assigns for any form of compensation other than that which the association might be able to afford them.

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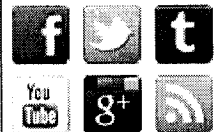
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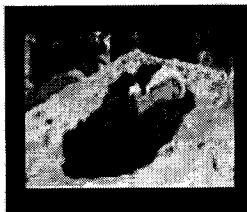
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
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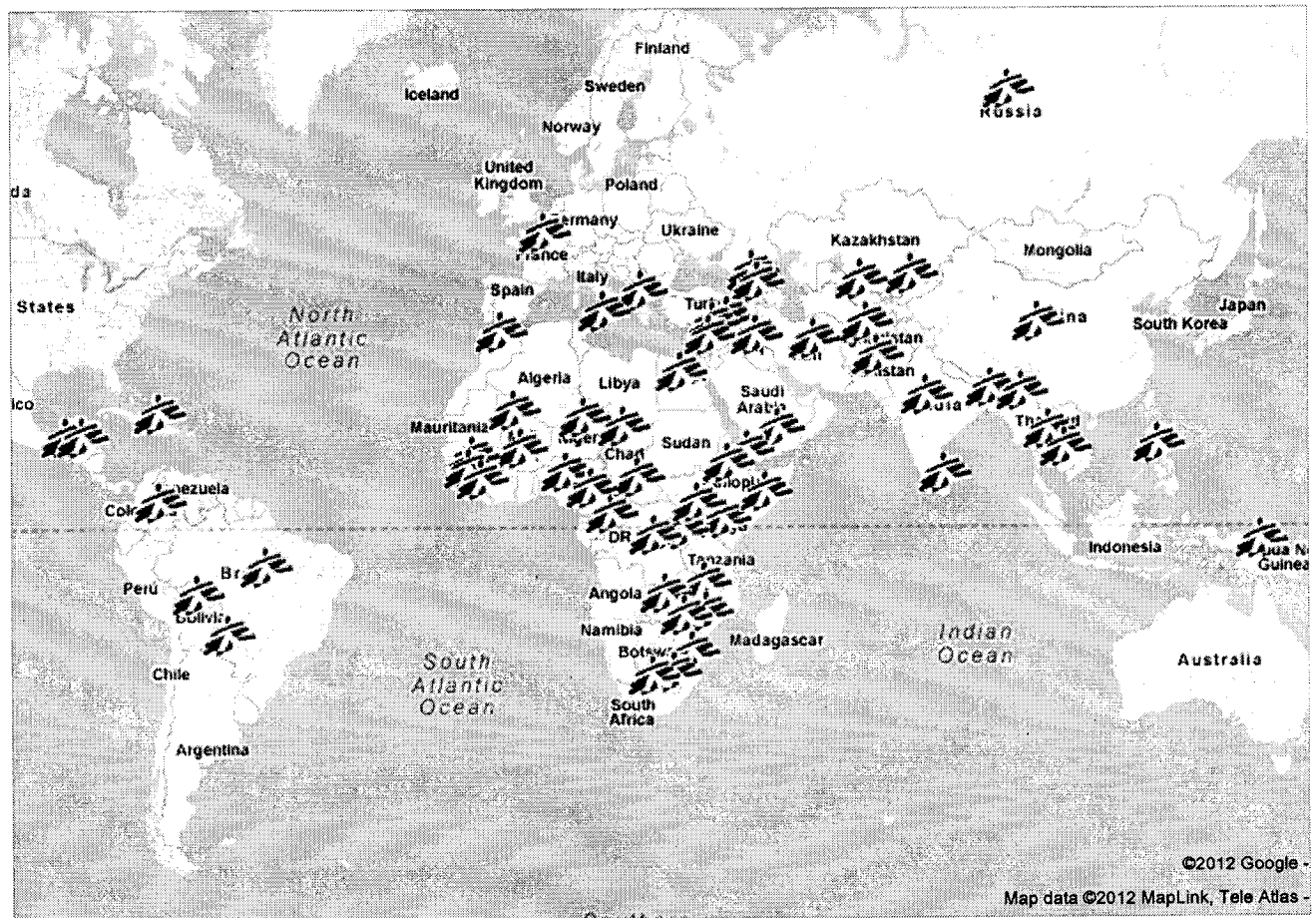
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Where We Work

An overview of MSF's work around the world in 2010. Click on the map markers () to learn more about MSF's presence in each country and links to updated information.



View [MSF Activity Report 2010](#) in a larger map

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PUBLICATIONS

MSF Medical Research Articles

Medical data and research from Doctors Without Borders/Médecins Sans Frontières (MSF) field operations are regularly published in the peer-reviewed literature.

Below is a selection of recently published MSF medical research articles. For copies or to search all MSF research publications, please visit the [MSF Field Research website](#), or contact Dr. Patricia Kahn, Medical Editor, [patricia.kahn\[at\]newyork.msf.org](mailto:patricia.kahn[at]newyork.msf.org).

[HIV/AIDS](#)[TB](#)[Malaria](#)[Malnutrition](#)[Meningitis](#)[Measles](#)[Kala azar](#)[Sleeping sickness](#)[Chagas](#)[Buruli ulcer](#)[Diarrheal diseases](#)[Hemorrhagic fevers](#)[Sexual violence](#)[Mental health](#)[Surgery](#)[Non-communicable diseases](#)[Operational research](#)[All](#)

Most recent:

May 26, 2011

[Challenges of controlling sleeping sickness in areas of violent conflict: experience in the Democratic Republic of Congo](#)

May 24, 2011

[The use of a mobile laboratory unit in support of patient management and epidemiological surveillance during the 2005 Marburg outbreak in Angola](#)


May 12, 2011

[Viral load testing in a resource-limited setting: quality control is critical](#)

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Briefing Documents

2012

Issue Brief: Losing Ground

MARCH 26, 2012

MSF calls on the stakeholders of the Global Fund to convene an emergency donor conference and to open a new early funding window to ensure that the Fund is fully functional in 2012.

MSF Projects in South Sudan in 2011–12

FEBRUARY 24, 2012

This update details MSF's recent activities in South Sudan, the world's newest nation.

Submission to the US Trade Representative Regarding the 2012 Special 301 Review Process

FEBRUARY 16, 2012

Read MSF's submission to the US trade representative on the 2012 Special 301 review process, which affects accessibility of medicines and important diagnostic tools.

Access: What Novartis Says . . . And Why It's Wrong

FEBRUARY 14, 2012

Read Novartis's statements on its generic medicines court case, and learn why they're wrong.



Q&A: Patents in India and the Novartis Case

FEBRUARY 14, 2012

Learn more about why Novartis is taking India to court over the production of affordable generic medicines.

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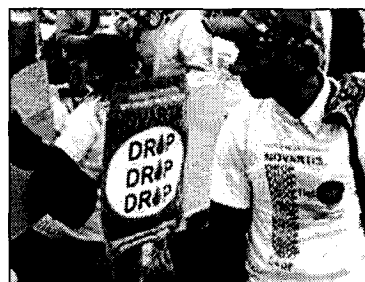
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Access: The Novartis Drop the Case Campaign

FEBRUARY 14, 2012

Novartis is taking India to court to stop production of affordable generic medicines that millions of people depend on to stay alive.



Background on the EU-India FTA

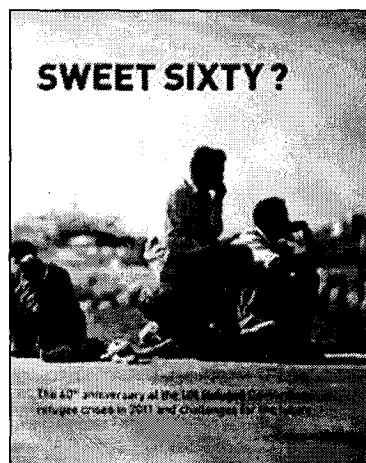
FEBRUARY 9, 2012

Learn how a free trade agreement between the European Union and India could restrict access to affordable medicines for millions of people with HIV/AIDS and other diseases and conditions.

2011

The Status of Refugees Today, Sixty Years After A Landmark Convention

DECEMBER 8, 2011



5 Lives: How a Financial Transaction Tax Could Support Global Health

OCTOBER 28, 2011

This report shows how the lives of five MSF patients were transformed because they had access to medical interventions that could save millions of lives if they were more broadly available. It is for just this reason that MSF supports allocating a portion of any financial transaction tax passed into law to support global health needs.

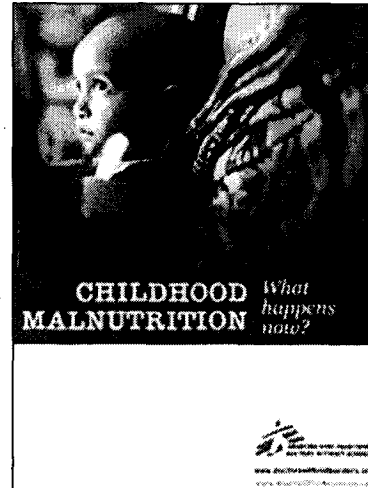


Childhood Malnutrition: What happens now?

OCTOBER 13, 2011

In 2010, Doctors Without Borders/Médecins Sans Frontières (MSF) launched a campaign to call on donor governments to stop providing sub-standard foods with

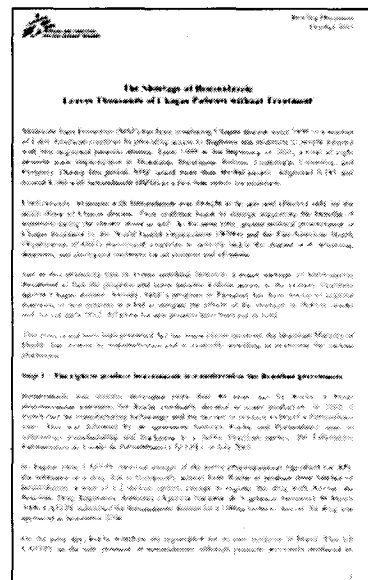
insufficient nutritional quality to malnourished children living in developing countries.



Shortage of Benznidazole Leaves Thousands of Chagas Patients Without Treatment

OCTOBER 5, 2011

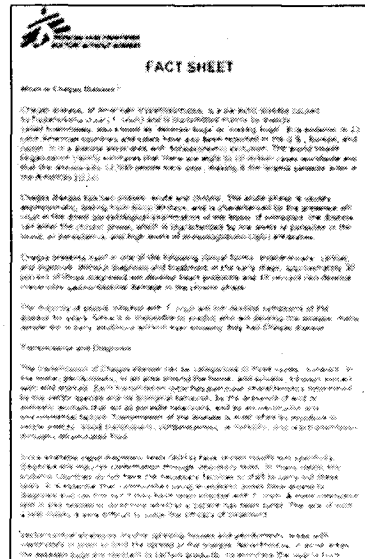
This crisis could have been prevented but the major player involved, the Brazilian Ministry of Health, has shirked its responsibilities and is evidently unwilling to overcome the various challenges.



Fact Sheet: Chagas Disease, or American Trypanosomiasis

OCTOBER 4, 2011

Chagas disease, or American trypanosomiasis, is a parasitic disease caused by *Trypanosoma cruzi* (*T. cruzi*) and is transmitted mainly by insects called triatomines, also known as 'assassin bugs' or 'kissing bugs'. It is endemic in 21 Latin American countries and cases have also been reported in the U.S., Europe, and Japan.



Trapped in Transit: The Neglected Victims of the War in Libya

JUNE 30, 2011

The war in Libya is not only having an impact on Libyan nationals, but also on the 2.5 million migrants who have come there to work or live or are passing through to reach another destination.



From North Africa to Italy: Seeking Refuge, Finding Suffering

MAY 2, 2011

Since the popular uprisings and violent confrontations that have shaken the Arab world began in December 2010, some 27,000 refugees, asylum seekers, and undocumented migrants from North Africa have arrived by sea on the southern Italian island of Lampedusa.

2010

The Truth Behind the Spin: How the Europe-India Free Trade Agreement Will Harm Access to Medicines

NOVEMBER 5, 2010

The crucial role India plays in supplying the developing world with affordable quality medicines is being threatened.

Europe! HANDS OFF Our Medicine

OCTOBER 7, 2010

Millions of people in developing countries rely on affordable generic medicines produced in countries including India to stay alive. But the European Commission is pushing aggressive policies that will severely restrict people's access to these lifesaving medicines.

Migrants in Malta

SEPTEMBER 8, 2010

For people suffering from psychological trauma as a result of violence, detention, poor living conditions, failed attempts to leave Malta and general uncertainty about the future, being able to access mental health support is crucial.



Migrants in Morocco

SEPTEMBER 8, 2010

Morocco is a place of transit and forced stay for migrants from sub-Saharan Africa.



Southern Kyrgyzstan: Traumatized Communities Lack Access to Health Care

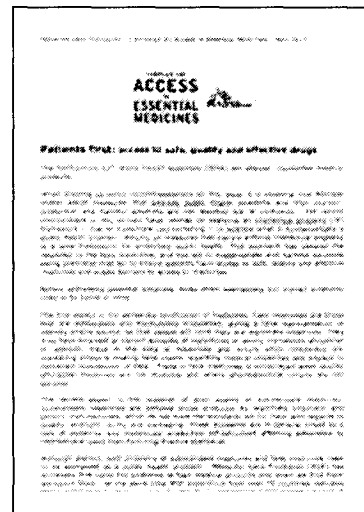
JULY 20, 2010

On June 10, violent clashes between Kyrgyz and Uzbeks erupted in southern Kyrgyzstan, lasting five days, leading to major population displacement both in and outside the country. Doctors Without Borders/Medecins Sans Frontieres (MSF) began its emergency response on June 15.



Patients First: Access to Safe, Quality and Effective Drugs

MAY 19, 2010



The Lives of Survival Migrants and Refugees in South Africa

MAY 12, 2010

In June 2009, Doctors Without Borders/Médecins Sans Frontières (MSF) released a report, *No Refuge, Access Denied*, which outlined the severe risks Zimbabweans took in order to cross the border, the dangerous conditions under which they lived once they reached South Africa, and their lack of access to health care.



Quick Facts About Malaria

APRIL 23, 2010

Malaria infects 300 million people every year and kills up to one million people.

2008

What is Malnutrition?

OCTOBER 6, 2008

Malnutrition is often lost in discussions around the subject of hunger, especially in the context of the discourse to "end world hunger," or to "feed the world." These blurred definitions help perpetuate the inadequate response to malnutrition.

2007

The Second-Line AIDS Crisis: Condemned to Repeat?

APRIL 11, 2007

People Before Patents

JANUARY 26, 2007

2006

MSF's Novartis Petition: People Before Patents

DECEMBER 18, 2006

On Patents in India and the Novartis Case

DECEMBER 18, 2006

Tuberculosis Diagnosis and Drug Sensitivity Testing

OCTOBER 1, 2006

Tuberculosis (TB) remains the leading cause of death from a curable infectious disease, despite the availability of short-course therapy that can be both inexpensive and effective.

Too Little for Too Few: Challenges for Effective and Accessible Retroviral Therapy

AUGUST 13, 2006

Today, 1.3 million people are receiving ARV treatment. But a huge amount remains to be done. More than 40 million people are living with HIV/AIDS and an estimated 5 million of these are in urgent need of treatment. This means that 3.7 million are getting no treatment at all. Many of these people live in the world's poorest countries where the situation remains catastrophic.

Too Little for Too Few

AUGUST 1, 2006

In the past 5 years, considerable progress has been made in scaling-up access to antiretroviral therapy. Today, 1.3 million people are receiving treatment. But a huge amount remains to be done.

Murky Waters: Why the Cholera Epidemic in Luanda, Angola was a Disaster Waiting to Happen

MAY 1, 2006

Since February 2006, the Angolan capital of Luanda has been experiencing its worst ever cholera epidemic, with an average of 500 new cases per day. The outbreak has also rapidly spread to other areas; to date, 11 of Angola's 18 provinces are reporting cases.

Unnecessary Delays By Abbott: The "CPP" Myth Debunked

MARCH 14, 2006

Abbott's New and Improved Kaletra: Only in the US... But What About the Rest of the World?

MARCH 14, 2006

Gilead's Tenofovir Access Program for Developing Countries

FEBRUARY 1, 2006

Gilead's Tenofovir Access Program for Developing Countries

FEBRUARY 1, 2006

Doctors Without Borders/Médecins Sans Frontières (MSF) is alarmed at the lack of availability of a key antiretroviral to treat HIV/AIDS, Gilead Science's tenofovir disoproxil fumarate (TDF), marketed as Viread®.

2005

The Second Wave of the Access Crisis: Unaffordable AIDS Drug Prices... Again

DECEMBER 10, 2005

MSF Tuberculosis Fact Sheet

OCTOBER 20, 2005

Data Exclusivity & Access to Medicines in Guatemala

FEBRUARY 15, 2005

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PUBLICATIONS

Op-Eds & Articles

2012

Op-Ed: In Myanmar, Loss of Funding for HIV and TB Puts Lives at Risk

While international attention focuses on Myanmar, a health crisis in the country looms large. An estimated 85,000 people infected with HIV in Myanmar are not receiving lifesaving treatment.

British Medical Journal Op-Ed: A Doctor's Protest

In this op-ed from the British Medical Journal, Greg Elder, deputy director of MSF-France, discusses the current crisis in Syria.

What Uniting to Combat Tropical Diseases Will Really Require

In this op-ed Dr. Unni Karunakara, international president of MSF, calls for increased commitment to the elimination of neglected diseases.



January 31, 2012

2011

Stop Deaths, Not Funding

Dr. Unni Karunakara, international president of MSF, calls on the board of the Global Fund to Fight AIDS, Tuberculosis, and Malaria to organize an emergency donor conference to renew commitment in the wake of the cancellation of the new round of funding applications.



December 19, 2011

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The Anniversary Of The Convention on Refugees: A Sweet Sixty?

2011 marks the sixtieth anniversary of the Convention relating to the Status of Refugees, yet the world's 15.1 million refugees have little reason to celebrate. Christopher Stokes, general director of MSF Belgium, discusses the past, present, and future of the Convention.



December 8, 2011

HIV/AIDS: What To Tell The Patients Whose Treatment Isn't Funded?

The cancelation of Round 11 of the Global Fund to Fight AIDS, Tuberculosis, and Malaria undermines the significant progress that has been made in the uphill battles against these deadly diseases.

A pregnant woman with HIV, and the cost of U.S. foreign aid cuts

A Doctors Without Borders physician describes the good American anti-AIDS programs are doing, and the risks posed by 'supercommittee' cuts.

The Human Cost of Cutting Global Health Funding

A Doctors Without Borders physician describes the good American anti-AIDS programs are doing, and the risks posed by 'supercommittee' cuts.

Hiding Behind Health

Using medical aid as a camouflage for military advantage threatens the lives of patients in the most precarious and embattled places worldwide.

Empty Calories and Promises

The U.S. government must supply malnourished children overseas with the same quality of nutritious foods as it currently provides for low-income American families, says Dr. Susan Shepherd.

Bahrain: From Hospital to Prison

Doctors and nurses in Bahrain must be allowed to provide healthcare in line with medical ethics, without the fear of reprisal, says MSF General Director Christopher Stokes.



May 12, 2011

Dangerous Aid in Afghanistan

As the war spreads and intensifies in Afghanistan and the humanitarian needs increase, it has become ever more dangerous for the Afghan people to receive assistance provided by military bodies or groups affiliated with them.



January 14, 2011

2010

Guardian (UK): Haiti: Where Aid Failed

The inadequate cholera response in Haiti – coming on the heels of the slow and highly politicised flood relief effort in Pakistan – makes for a damning indictment of an international aid system.

The Bellingham Herald: Obama Administration Needs to Tackle Neglected Diseases

By Dr. Unni Karunakara, incoming president of MSF's International Council, and Dr. Bernard Pecoul, executive director of the Drugs for Neglected Diseases initiative

Le Monde Editorial: What Priorities in Haiti?

By Dr. Rony Brauman, is the former President of MSF in France and is currently a Research Director at CRASH, MSF's center for reflection on humanitarian action.

Wall Street Journal Op-Ed: Trying to Save Lives in Port-Au-Prince

By Jeanne Cabeza, MSF medical coordinator in Haiti, and Michelle Chouinard, MSF head of mission in Haiti

THE WALL STREET JOURNAL
JANUARY 19, 2010

January 19, 2010

2009

Darfur: Punishment or Aid?

By Dr. Christophe Fournier
International Council President
Doctors Without Borders



March 27, 2009

2008

**SAM inadequately addressed in the Lancet
Undernutrition Series**

by Susan Shepherd, MD
Nutrition Advisor
Access Campaign for Essential Medicines

Verdict

by Rony BRAUMAN
Former president of MSF-France
Associate Professor at the Institute of Political
Studies in Paris

To Prevent Malnutrition, for the Children's Sake

By Nicolas de Torrente
Executive Director
Doctors Without Borders U.S.A.

The New York Times

April 14, 2008

Fighting Tuberculosis

By Dr. Tido von Schoen-Angerer
Executive director
Access to Essential Medicines Campaign
Doctors Without Borders

The New York Times

February 28, 2008

Instant Nutrition

By Susan Shepherd
The New York Times



January 30, 2008

2007

Don't abuse patents: scientists

The public sector has a key role in drug R&D.
Patenting minor changes to extend monopoly prices
spells misuse
By Dr. Brian Druker



August 15, 2007

Medicines for the World's Poor

By Dr. Tido von Schoen-Angerer
Executive director
Access to Essential Medicines Campaign
Doctors Without Borders



May 23, 2007

Thailand Policy is Legal

Dr. Buddhima Lokuge
U.S. manager, Access to Essential Medicines
Campaign

CHICAGO SUN-TIMES

May 16, 2007

Patent Lies: Letter to the Editor of the New York Sun

By David Wilson
Medical Coordinator, Doctors Without Borders/Médecins Sans Frontières


April 12, 2007

On Novartis and Patents

By Dr. Richard Rockefeller
Chairman, Doctors Without Borders/Médecins Sans Frontières (MSF) Board of Advisors

THE TIMES OF INDIA
March 9, 2007

In Support of Competition-Based Access to Medicines


By Dr. Jean-Hervé Bradol
President, Médecins Sans Frontières


February 28, 2007

2006

Patients' Needs Are What Must Drive Drug Research

By Rowan Gillies and Ellen 'T hoen


May 24, 2006


Humanitarian NGOs Must Not Ally With Military

By Nicolas De Torrenté, Executive Director of MSF-USA


A Publication of the European Institute
May 1, 2006

Crisis in Niger – Outpatient Care for Severe Acute Malnutrition

By Milton Tectonidis, M.D.

 **THE NEW ENGLAND JOURNAL of MEDICINE**
January 19, 2006

2005

An Old Disease Needs New Cures


By Martha Bedelu


March 26, 2005

2004

Caught in Colombia's Crossfire

By Brigg Reilley, M.P.H., and Silvia Morote, M.D.

 **THE NEW ENGLAND JOURNAL of MEDICINE**
December 16, 2004

In War on AIDS, Generics Give Poor a Fighting Chance

Dr. Rowan Gillies
President, Medecins Sans Frontieres International Council
Bernard Hirschel
Head, HIV/AIDS Division
Geneva University Hospital


December 14, 2004

Doctors Without Regrets

By Eric Goemaere, Special to The Times

The Seattle Times

November 20, 2004

Trauma of Chechnya's Ongoing War on Internally Displaced People

by Kaz de Jong, Saskia van der Kam, Nathan Ford, Sally Hargreaves, R van Oosten, Debbie Cunningham, Gerry Boots



THE LANCET

September 1, 2004

Humanitarianism Sacrificed: Integration's False Promise

By Nicolas de Torrente, Executive Director MSF-USA



Carnegie Council
ON ETHICS AND
INTERNATIONAL AFFAIRS

September 1, 2004

The Real Reasons MSF Left Afghanistan

Dr. Rowan Gillies
President, MSF International Council
Geneva

THE WALL STREET JOURNAL

August 19, 2004

Humanitarian Action Under Attack: Reflections on the Iraq War

By Nicolas De Torrenté, Executive Director of MSF-USA



**HARVARD
HUMAN RIGHTS
JOURNAL**

May 1, 2004

Humanitarian Action Under Attack: Reflections on the Iraq War (page 2)

By Nicolas De Torrenté, Executive Director of MSF-USA



**HARVARD
HUMAN RIGHTS
JOURNAL**

May 1, 2004

2002

The War on Terror's Challenges to Humanitarian Action

By Nicolas De Torrenté, Executive Director of MSF-USA

Ethics & International Affairs

September 1, 2002

Drug Development For Neglected Diseases: A Deficient Market And A Public-Health Policy Failure

by Patrice Trouiller, Piero Olliaro, Els Torreele, James Orbinski, Richard Laing, and Nathan Ford



THE LANCET

June 22, 2002

Psychological Trauma of the Civil War in Sri Lanka

by Kaz de Jong, Maureen Mulhern, Nathan Ford, Isabel Simpson, Alison Swan, and Saskia van der Kam



THE LANCET

April 27, 2002

4/2/2012

International Doctors Battle Drying Sea in Uzbek Epidemic

by Elena Dubrovskaya, a freelance journalist specializing in Central Asian affairs



April 25, 2002

Identify Yourself

by Michelle Kelly and Morten Rostrup

Guardian Limited

February 1, 2002

1999

On Humanitarian Responsibility

by Joelle Tanguy and Fiona Terry



Carnegie Council

ON ETHICS AND
INTERNATIONAL AFFAIRS

December 12, 1999

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PUBLICATIONS

Speeches & Open Letters

2011

Open Letter Concerning Civilians Fleeing Libya For Europe

May 18, 2011

This letter was sent to Heads of State or Governments of Member States of the European Union, to Presidents of European Institutions, and to the offices of the UN High Commissioner for Refugees, the UN High Commissioner for Human Rights, and the International Organisation for Migration.

Letter to Johnson & Johnson CEO Regarding the Company's Failure to Put Urgently Needed AIDS Drugs in the Medicines Patent Pool

April 25, 2011

I am writing on behalf of MSF to express our disappointment that J&J has not yet placed any patent into the Medicines Patent Pool and that it has announced in a recent letter to the Medicines Patent Pool that it is not ready to engage in formal negotiations.

MSF Oral Statement Regarding the 2011 Special 301 Review Process

March 2, 2011

2010

Open Letter to the U.S. Government About the Quality of Food Aid

October 14, 2010

An open letter from Sophie Delaunay, Executive Director of MSF -USA, urging the U.S. to stop supplying nutritionally substandard food to malnourished children in developing countries.

Treating Rare and Neglected Pediatric Diseases: Promoting the Development of New Treatments and Cures

July 21, 2010

Using Generic Drugs to Save Lives Worldwide

March 18, 2010

NY Times Letter-to-the-Editor on MSF concerns that a provision in proposed U.S. health care legislation will allow pharmaceutical companies to extend monopolies on high-priced, cutting-edge medicines.

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Doctors Without Borders Testimony: U.S. Trade Law Penalizing Countries for Efforts to Expand Access to Affordable Lifesaving Medicines

March 3, 2010

Provisions in U.S. Domestic Health Care Legislation Could Limit Access to Cutting-Edge Medicines

January 12, 2010

Doctors Without Borders is urging law makers to revise a provision in the U.S. health care legislation that would essentially allow pharmaceutical companies to extend their monopolies on a rapidly expanding and high-priced brand of drugs known as biologics. Biologics--medicines derived from living cells--hold great promise for new vaccines and medicines. Unfortunately, the biologics provision in the current legislation will create a massive barrier to developing generic versions of these cutting-edge drugs.

2009

"Our purpose is to limit the devastations of war"

December 8, 2009

Global Preparatory Meeting 2009 Annual Ministerial Review of the United Nations Economic & Social Council

March 31, 2009

The United Nations Economic and Social Council (UN ECOSOC): Philanthropy & the Global Health Agenda

February 23, 2009

2008

Doctors Without Borders/Médecins Sans Frontières' (MSF) position regarding the International Criminal Court's prosecutor's case against the President of Sudan

July 29, 2008

Letter to UN Taskforce on Food Price Crises

May 22, 2008

Before the High Level task force communicates its first Comprehensive Framework for Action, Médecins Sans Frontières urges careful consideration of the population that is most vulnerable to the dire consequences of malnutrition – children under two.

MSF Intervention at IGWG

May 1, 2008

2007

Thailand's Compulsory Licenses on Drugs: Good Step for Public Health or Bad Precedent for Intellectual Property?

March 16, 2007

U.S congressional briefing delivered by Dr. Buddhima Lokuge, U.S. Manager of MSF's Campaign for Access to Essential Medicines on Thailand's compulsory drug licensing.

MSF's Response to *Wall Street Journal* Editorial on Compulsory Licenses in Thailand

March 12, 2007

By Christophe Fournier, MD, International President
Ellen 't Hoen, LL.M., Director of Policy and Advocacy, Campaign

for Access to Essential Medicines
Médecins Sans Frontières/Doctors Without Borders (MSF)

Sudan Divided: The Challenge to Humanitarian Action

February 22, 2007

Presentation by Fabrice Weissman, MSF Foundation and former Head of Mission for MSF in Darfur, Sudan to Panel Discussion at Columbia University School of International and Public Affairs

Somalia: The Need for Independent Humanitarian Aid

January 17, 2007

On January 17, 2007, David Michalski, MSF head of mission in Somalia, delivered the following speech at the "Securing Somalia's Future: Options for Diplomacy, Assistance, and Security Engagement," conference on Somalia hosted by the Center for Strategic International Studies, the Council on Foreign Relations, and the Woodrow Wilson Center in Washington, DC.

2006

Letter to Condoleezza Rice, Secretary of State and Ambassador Susan Schwab, United States Trade Representative

December 29, 2006

MSF expresses concern over the US intervention in the decision by the government of Thailand to issue a compulsory license on patents for the AIDS drug efavirenz, and explains why the US government should refrain from such actions.

Open Letter to Abbott Laboratories

April 27, 2006

Dear Mr. White,

We are writing to you to express our concern about the lack of availability in developing countries of the new melt extrusion (Meltrex) formulation of lopinavir/ritonavir (LPV/r), marketed as Kaletra (200/50mg tablets).

The Humanitarian Situation in the Democratic Republic of Congo (DRC)

January 24, 2006

A Statement Delivered by Helen O'Neill, Deputy Director of Operations, Médecins Sans Frontières (MSF) at the United Nations Security Council "Arria Formula" meeting

2005

The Humanitarian Situation in Darfur, Sudan

July 27, 2005

Statement by Dr. Nathalie Civet, Head of Mission in Sudan for Médecins sans Frontières (MSF) delivered to the United Nations Security Council "Arria Formula" meeting

ECOSOC – Humanitarian Affairs Segment

July 14, 2005

Presentation of Nicolas de Torrente, Executive Director, MSF-USA, on Lessons Learned From the Recent Indian Ocean Earthquake/Tsunami – Response Challenges.

Testimony of MSF on IP Provisions in DR-CAFTA & Consequences For Access to Essential Medicines

April 22, 2005

Submitted to the Committee on Ways and Means of the House of Representatives

The Humanitarian Situation in Haiti

April 8, 2005

A Statement Delivered by Dr. Christophe Fournier, Médecins Sans Frontières (MSF), to the United Nations Security Council "Arria Formula" Meeting

2004

Open Letter to Ministers of Trade in Countries Negotiating the US-Andean Free Trade Agreement September 10, 2004

On intellectual property rights and access to medicines.

Two-Year Anniversary of the Introduction of Antiretrovirals in Arua

July 29, 2004

Speech by STEPHEN LEWIS, UN Special Envoy for HIV/AIDS in Africa

The Humanitarian Situation in Darfur, Sudan

May 24, 2004

Statement by Ton Koene, Emergency Coordinator, Médecins Sans Frontières (MSF) to the United Nations Security Council "Arria Formula" Meeting

Testimony from MSF For the Senate Foreign Relations Committee Subcommittee on African Affairs Hearing on "Fighting HIV/AIDS in Africa: A Progress Report"

April 7, 2004

Delivered By Lulu Oguda, MD, Returned Volunteer & Field Doctor

Open Letter to the US Organizers of the Conference on Fixed-Dose Combination (FDC) Drug Products in Gaborone, Botswana on March 29-30, 2004

March 22, 2004

To request that space be added to the meeting agenda for the presentation of actual field experience using FDCs, including clinical outcomes, and the identification of concrete strategies for increasing access to affordable FDCs.

2003

MSF Testimony on PEPFAR

December 16, 2003

Testimony from MSF Submitted to the Department of Health and Human Services for the Meeting of the International Subcommittee of the Presidential Advisory Council on HIV/AIDS Townhall Meeting on the President's Emergency Plan for AIDS Relief (PEPFAR) Delivered By Rachel M. Cohen, U.S. Director, MSF Campaign for Access to Essential Medicines

Open Letter to Ambassador Robert Zoellick

October 15, 2003

On CAFTA and access to medicines

The Humanitarian Situation in Liberia September 9, 2003
Statement by Morten Rostrup, MD, President, International Council of Médecins Sans Frontières (MSF) to the United Nations Security Council "Arria Formula" Meeting

Letter to Dr. Condoleezza Rice July 15, 2003
Expressing MSF's concerns for the welfare of Chechen refugees

US Helsinki Commission Hearing: Internally Displaced Persons in The Caucasus Region and Southeastern Anatolia June 10, 2003

Dr. Jill Seaman - Members' Briefing on Infectious Diseases in the Developing World: Problems of Access and Inadequate Research and Development of Medicines May 15, 2003
Transcript of an MSF doctor's extemporaneous remarks on Kala Azar in the Sudan before the Congressional Human Rights Caucus and the Congressional Black Caucus Health Brain Trust on access to medicines.

Testimony of Richard Rockefeller, MD, Chair, Board of Advisors, MSF-USA May 15, 2003
This is a transcript of Dr. Rockefeller's extemporaneous remarks on May 15 before the Congressional Human Rights Caucus and the Congressional Black Caucus Health Brain Trust on access to medicines.

Members' Briefing on Infectious Diseases in the Developing World: Problems of Access and Inadequate Research and Development of Medicines May 15, 2003
Testimony of Nicolas de Torrente, Executive Director, MSF-USA before the Congressional Human Rights Caucus and the Congressional Black Caucus Health Brain Trust on access to medicines.

MSF Briefing to the UN Security Council on the Humanitarian Situation in Iraq April 9, 2003
Delivered by Nicolas de Torrente, Executive Director, MSF-USA

Open Letter to the South African Government February 12, 2003

MSF Pushes for Rights of Fleeing North Koreans January 24, 2003
Testimony Delivered to Japanese Parliament Spotlights Plight of Asylum Seekers; Criminalization of Humanitarian Aid.

2002

Open Letter to U.S. Secretary of State Colin L. Powell July 19, 2002
On the closing of Chechen refugee camps in Ingushetia.

Time to Treat: Transforming AIDS Treatment From Right to Reality

July 7, 2002

A Statement Delivered by Fred Minandi in Barcelona, Spain, at a satellite meeting co-sponsored by MSF and Health Gap of the XIV International AIDS Conference

Angola: As Peace Is Discussed, The Horrors of War Are Revealed

June 13, 2002

A Statement for the Record For the Committee on International Relations Subcommittee on Africa.

Open Letter to President George W. Bush

June 5, 2002

On the upcoming meeting of the G8, TRIPS and access to medicines.

The Humanitarian Situation in the Mano River Union

May 22, 2002

An MSF Statement Delivered to the United Nations Security Council "Arria Formula" Meeting in New York City by Martha Carey, MSF

North Korea: The Humanitarian Situation and Refugees

May 2, 2002

MSF Testimony Delivered to the House Committee on International Relations Subcommittee on East Asia and the Pacific in Washington, D.C. by Sophie Delaunay, Regional Coordinator for North Korea, MSF

Open Letter to Members of the Board of Directors and Technical Review Panel of the Global Fund to Fight AIDS, Tuberculosis, and Malaria

April 18, 2002

On the occasion of the second Board of Directors meeting of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), scheduled to take place in New York City, April 23-24, 2002.

Open Letter to U.S. Secretary of State Colin L. Powell

April 9, 2002

On the escalating violence in Palestine.

The Humanitarian Situation in Angola

March 5, 2002

A U.N. Security Council Briefing Delivered by Erwin van der Borght, MSF Head of Mission in Angola

Regarding "The Responsibility to Protect"

February 15, 2002

Delivered by Catherine Dumait-Harper, MSF Delegate to the UN, at the International Peace Academy's Symposium for the Launch of the Report of the International Commission on Intervention and State Sovereignty "The Responsibility to Protect."

2001

Open Letter from Richard Rockefeller, MD to US Trade Representative Richard Zoellick

December 31, 2001

Regarding trade agreements, intellectual property rights and access to medicines.

Afghanistan: Civilians at Risk

October 21, 2001

A panel discussion co-sponsored by MSF and the 92nd St. Y

The Humanitarian Situation in Liberia

October 17, 2001

A U.N. Security Council Briefing Delivered by Catherine Dumait-Harper, MSF Representative to the U.N.

The Humanitarian Crisis in Afghanistan

October 10, 2001

A Congressional Briefing Delivered in Washington, D.C. by Nicolas de Torrente, Executive Director, MSF-USA to a Joint Hearing of the U.S. Congressional Near Eastern and South Asian Affairs Subcommittee and International Operations and Terrorism Subcommittee of Senate Foreign Relations Committee.

Solving the HIV/AIDS Drug Access Crisis In Africa: Meeting the Challenge to Save Millions of Lives and to Mitigate the Orphan Crisis

July 16, 2001

A Congressional Briefing delivered in Washington, D.C. by Rachel Cohen, Advocacy Liaison for MSF's Access to Essential Medicines Campaign

Open Letter to President George W. Bush

July 11, 2001

On the G8, TRIPS and the need to provide funds for treatment of HIV/AIDS and neglected diseases in developing countries.

Dying For Lack of Treatment: The International AIDS Crisis

June 21, 2001

An MSF-sponsored panel discussion held at the Graduate Center, CUNY

Testimony Presented by MSF During the French Parliamentary Hearing into the Srebrenica Tragedy

May 17, 2001

Delivered by Pierre Salignon, MSF Program Coordinator in 1995 for the former Yugoslavia. Translated from the original French.

Testimony Presented by MSF During the French Parliamentary Hearing into the Srebrenica Tragedy

March 29, 2001

Delivered by Christina Schmitz and Daniel O'Brien, MSF volunteers who were working in Srebrenica during the tragedy. Translated from the original French.

2000

Challenges to the Health of Children in the 21st Century

June 14, 2000

Delivered by Dr. James Orbinski, President, MSF International Council, at the 27th Annual Global Health Forum, *A Century of Health for the Children of 2000*

MSF and AIDS

April 25, 2000

Delivered by Joelle Tanguy, U.S. Executive Director, MSF, at the Global Health Council HHS Consultations, Washington D.C.

Intervention, Protection and Humanitarian Assistance at a Crossroads

March 28, 2000

Delivered by Joelle Tanguy, U.S. Executive Director, MSF, at the World Affairs Council, San Francisco

Global Health and Humanitarianism

March 28, 2000

Delivered by Joelle Tanguy, U.S. Executive Director, MSF, at Stanford University

Foreign and Humanitarian Aid: Paradox and Perspectives

March 8, 2000

Delivered by Joelle Tanguy, U.S. Executive Director, MSF, at a panel discussion organized by the Institute for International Liberal Education. Other panel members: Michael Edwards (Ford Foundation), Julia Taft (U.S. Department of State), and Alex de Waal.

1999

The Nobel Prize Acceptance Speech

December 10, 1999

Controversies Around Humanitarian Interventions and the Authority to Intervene

November 6, 1999

Delivered by Joelle Tanguy, U.S. Executive Director, MSF, at a panel presentation during the Travers Conference *Ethics and Post-Cold War Humanitarian Intervention* of the University of California, Berkeley

1998

Responding to Complex Humanitarian Crises and Massive Abuses of Human Rights: Reflections On the Legal, Political and Humanitarian Framework

September 16, 1998

Delivered by Joelle Tanguy, U.S. Executive Director, MSF, at the UN's 51st Annual DPI/NGO Conference, *The 50th Anniversary of the Universal Declaration of Human Rights: From Words to Deeds*. Other panel members: Mohammed Sacirbey, Olara Ottonu, Lucia Newman

1997

A Statement by MSF Regarding Central Africa for the Hearing at the House of Representatives House Committee on International Relations

December 5, 1997

Delivered by Marcel van Soest, MSF Epidemiologist

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Transcripts

2011

Haiti - A Year of Action: Web Event from Jan. 13, 2011

January 14, 2011

MSF staff answer your questions about the organization's massive medical response in Haiti since the January 12, 2010 earthquake in a live webcast panel event.

MSF Teleconference: Haiti One Year After – January 10, 2011

January 13, 2011

Following the release of Doctors Without Borders/Médecins Sans Frontières (MSF)'s report, *Haiti One Year After: A Review of Médecins Sans Frontières Humanitarian Aid Operations*, Dr. Unni Karunakara, MSF International President; Stefano Zannini, MSF Head of Mission in Haiti; and Kate Alberti, MSF Epidemiologist discuss the issues facing Haiti and MSF one year after the earthquake. Avril Benoit, Director of Communications for MSF Canada, moderates.

2010

MSF Teleconference: The Need for Innovative Financing for Global Health

September 20, 2010

MSF Teleconference on Innovative Financing Mechanisms for Global Health, conducted September 20, 2010

MSF Teleconference: 'No Time to Quit—AIDS Treatment Gap Widening in Africa'

June 4, 2010

Emi MacLean, U.S. Director of the Access to Essential Medicines Campaign at MSF, Mit Philips, health and policy analyst at MSF, Dr. Eric Goemaere, medical coordinator for MSF in South Africa and Jimmy Gideyi, a person living with HIV in Nairobi, Kenya, take part in a teleconference on the international community's retreat from funding HIV/AIDS treatment worldwide.

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Congressional Malaria & NTD Caucus Briefing: Controlling Deadly Neglected Tropical Diseases

February 22, 2010

Teleconference on Haiti Earthquake on January 18, 2010

January 18, 2010

Benoit Leduc, Doctors Without Borders/Médecins Sans Frontières (MSF) operations manager for Haiti, and Loris de Filippi, MSF operational coordinator in Port-au-Prince, participated in a teleconference with press regarding MSF's response to the January 12, 2010, earthquake.

Teleconference on Emergency Response to Haiti Earthquake on January 15, 2010

January 15, 2010

Stefano Zannini, head of mission for Doctors without Borders/Médecins Sans Frontières (MSF) in Haiti, spoke at a January 15 press teleconference about MSF's activities in Haiti following the earthquake.

Press Conference on Emergency Response to Haiti Earthquake on January 13, 2010

January 13, 2010

"We have three general areas where we have been traditionally providing emergency care with infrastructure established to set up and provide for emergency services. All of those three centers have been severely affected in the earthquake and none of them are in a condition that we can use. One has completely collapsed and two others are so structurally damaged we cannot use them."

2009

Sri Lanka: A 'Quite Indescribable' Scene After War Ends

June 3, 2009

When the war between the Liberation Tigers of Tamil Eelam (LTTE) and the Sri Lankan government ended on May 16, MSF emergency coordinator Lauren Cooney and her team provided emergency medical care at the Omanthai checkpoint, where thousands of people poured out of the conflict zone. Here, Cooney describes the situation.

Haiti Donor Conference Press Teleconference

April 13, 2009

As Haiti's prime minister, the UN Secretary General, representatives from more than 30 donor countries, and multilateral agencies convene tomorrow in Washington, D.C., to fund strategies for Haiti's future economic and social development, they must not neglect the country's immediate public health crisis. MSF calls on the Haitian government and international donors to immediately implement concrete measures to improve access to health care for the Haitian population.

Press Teleconference on Zimbabwe

February 17, 2009

Transcript of a press teleconference on Zimbabwe's humanitarian crisis, which continues to rapidly deteriorate, causing appalling suffering. MSF's medical teams have now treated almost 45,000 people for cholera, and the crisis is far from over.

2008

MSF Calls on President of Niger to Lift Ban on Organization's Nutritional Programs Immediately

October 21, 2008

Press Teleconference: Nicolas de Torrenté, executive director of MSF-USA and Marie Pierre Allié, president of the French section of MSF, discussed the organization's suspension from treating malnutrition in the Maradi region of Niger.

Trapped Somali Populations Need Immediate Life-saving Assistance

June 26, 2008

Press Teleconference: Nicolas de Torrente, executive director of MSF-USA, Benoit Leduc, MSF operations manager for Somalia, and Dr. Greg Elder, MSF deputy operations manager, discuss the catastrophic humanitarian situation in Somalia.

2007

Food is not Enough: Revolutionary Malnutrition Treatment Available Now, But Out Of Reach For Millions Of Children

October 10, 2007

Thank you everyone, for joining us today. I'd like to welcome you to the Doctors Without Borders/Médecins Sans Frontières, or MSF, press teleconference titled: Food is Not Enough. Today, six days before World Food Day, Doctors Without Borders offices worldwide are issuing a call for increased and expanded use of new and revolutionary ready-to-use therapeutic foods, ideal for treating childhood malnutrition.

Thailand, Abbott, and the Second-Line Aids Crisis

April 25, 2007

Press teleconference on Thailand's compulsory licensing of an HIV/AIDS treatment, Abbott's response, and the coming crisis in availability of second-line HIV drugs in developing countries.

People Before Patents: Novartis Press Teleconference

January 26, 2007

On Friday, January 26, 2007, MSF held a press teleconference titled "People Before Patents," to brief members of the media on a legal challenge to India's patent law brought by the Swiss-based pharmaceutical company Novartis.

2006

Press Teleconference on Lopinavir/Ritonavir	March 15, 2006
Transcript of a press teleconference on the lack of availability of Abbott's new heat-stable Kaletra in African countries.	
2004	
After 24 Years of Independent Aid to the Afghan People, MSF Withdraws from Afghanistan Following Killing, Threats and Insecurity	July 28, 2004
Transcript of Press Conference held in Kabul, Afghanistan.	
2003	
Cancun and Beyond, Access to Medicine and the FTAA	August 28, 2003
Transcript of Teleconference Hosted by MSF's Kevin Phelan	
Humanitarian Situation in Iraq	May 2, 2003
Transcript of Medecins Sans Frontieres/Doctors Without Borders (MSF) Press Conference held at the National Press Club, Washington, DC.	
"It's Time for a Faster Cure"	March 19, 2003
Transcript of Press Teleconference Hosted by the Global Alliance for TB Drug Development.	
2002	
A Man-Made Famine Ravages Angola: Thousands Will Starve Without Immediate Assistance	May 30, 2002
Transcript of a press teleconference hosted by MSF	
The Global Fund to Fight AIDS, TB, and Malaria: Understanding the First Grant Announcements and Access to Medicines	April 22, 2002
Transcript of a press teleconference hosted by MSF on the occasion of the Global Fund Board of Directors meeting (April 22-24, 2002)	
2001	
Access to Medicines and the Doha WTO: Why Patents Matter	November 6, 2001
Transcript of press teleconference hosted by MSF	
The World's Tuberculosis Crisis: The Need for New Treatments	March 21, 2001
Transcript of a press teleconference held on the occasion of World TB Day 2001 (March 24, 2001)	
2000	

World AIDS Day Teleconference Transcript

November 20, 2000

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PUBLICATIONS

Ideas & Opinions from MSF

2010

Not In Our Name: Why MSF Does Not Support the "Responsibility to Protect"

October 4, 2010

Despite Existing Medical Solutions, Malaria Remains a Killer

April 23, 2010

by Dr. Martin De Smet, Head of MSF's Working Group on Malaria

Fighting Deadly Neglected Tropical Diseases: Opportunities to Expand U.S. Impact in Control of NTDs

February 23, 2010

Over 1 billion people are infected with one of the 14 diseases defined by the World Health Organization (WHO) as neglected tropical diseases (NTDs). These are the most common infections in the 2.7 billion people living on less than \$2 a day and affects those often marginalized and forgotten by governments, left to suffer in silence. NTDs are diverse but all cause severe disability or death, and bring a major economic burden on endemic countries.

2009

The Fight of the Wounded is Far From Over in Iraq

September 28, 2009

On August 19, two attacks in Baghdad killed 95 people and wounded nearly 600. These two particularly deadly attacks were a startling reminder of the violence borne by the Iraqi people since the start of the war.

Medical Need - Not Purchase Power - Should Determine Global Response to Influenza Pandemic

July 31, 2009

In this interview, Dr. Fournier describes why a global response to the H1N1 pandemic must in the short term focus not only on vaccination, but on reducing mortality worldwide by emphasizing the identification and treatment of the most severe cases; and argues why access to the vaccine in the future must be based on medical need, not purchasing power of wealthy countries.

New Deal To Boost Production of Life-Saving Vaccines: What The Doctor Ordered?

June 12, 2009

2008

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Myanmar - Responsibility to Protect?

May 21, 2008

Françoise Bouchet-Saulnier, author of *The Practical Guide to Humanitarian Law*, considers the notion of the "responsibility to protect," which has been raised, incorrectly, given the obstacles to international assistance in Myanmar following Cyclone Nargis. She is the legal director of MSF in France.

2007

Humanitarian Action and Political Action — Don't Confuse the Two

May 22, 2007

An Interview with Dr. Jean-Hervé Bradol, president of Doctors Without Borders/Médecins Sans Frontières in France.

2006

Southern Sudan: "NGOs and the United Nations Cannot Serve As Subcontractors For This Enormous Reconstruction Project"

November 19, 2006

Darfur: Humanitarian Aid Held Hostage

November 16, 2006

In the areas held by the Sudanese government, attacks by bandits/militias on MSF and other relief agencies have intensified in frequency and brutality.

Darfur: No Peace, No Food

May 22, 2006

Nearly two million people are dependant on World Food Program (WFP) food distributions in order to survive in displaced persons camps in Darfur. The announcement of a reduction by half of the survival rations provided by WFP leads Doctors Without Borders/Médecins Sans Frontières (MSF) to be afraid of a serious nutritional crisis.

New AIDS Drugs: Not for Africa

April 10, 2006

History is threatening to repeat itself for AIDS patients in the developing world. In Lagos, Nigeria, and many other parts of Africa, the next crisis has already arrived.

2005

Alive at Five: Lessons Learned from AIDS Treatment in Resource-poor Settings

December 1, 2005

Dr. Alexandra Calmy, Advisor to MSF's Campaign For Access To Essential Medicines, writes about the progress and challenges of treating pediatric HIV/AIDS in resource-poor settings.

"Everyday Life Is Punctuated by Fear and Suffering"

October 10, 2005

As long as the region of North Kivu in the eastern Democratic Republic of Congo (DRC) continues to be a land coveted by many, death and physical abuse will remain the everyday lot of the civilian population. MSF has decided to extend its activities by initiating projects in Kayna and Rutshuru, two villages recently exposed to violent clashes.

Niger: August Will Be the Worst Month

August 8, 2005

Four-year old Moussa died the morning after another 18 tons of food aid was unloaded at Maradi's airport. Compounding the grief felt by

his family, the boy's father, a poor bean, peanut, and millet farmer from the village of Nyelwa, on the outskirts of Maradi, Niger, had to ask strangers for money so he could transport the body of his dead son home.

Remembering Our Colleagues in Afghanistan - One Year On

May 26, 2005

A year ago, five of our colleagues were murdered in Afghanistan. The consequences of this horrific act haunt us still. MSF is no longer present in Afghanistan – the impunity shown towards those responsible makes it impossible for us to work there, despite clear humanitarian and medical needs.

Prognosis: Short-term Relief, Long-term Pain

April 25, 2005

In the midst of civil society protests and international media attention, the Indian Parliament approved and passed the new Patents Act on March 23, 2005.

The Challenges Posed by Malaria

April 23, 2005

By Christa Hook, head of MSF's international working group on Malaria, and Nathan Ford, head of MSF's Manson unit, which provides support to malaria field programs.

2004

20 Million Deaths Later - Political Failure and Medical Impasse

November 30, 2004

By Dr. Jean-Hervé Bradol, President of MSF-France and MSF-USA Board Member, on the WHO, governments and the worsening HIV/AIDS crisis.

Humanitarianism Sacrificed: Integration's False Promise

September 24, 2004

"Our Distress and Grief are Compounded by Outrage": On the Killing of Five MSF Aid Workers in Afghanistan

June 8, 2004

By Nicolas de Torrente, Executive Director Doctors Without Borders/Médecins Sans Frontières (MSF)

Broken Promises: G8 Meeting and Access to Medicines

June 7, 2004

On June 8th, the Group of Eight industrialized nations will hold their annual summit on Sea Island, Georgia, in the United States. Every year the G8 makes promises in regards to addressing malaria, tuberculosis, AIDS and other diseases in developing countries, but concrete achievements are few.

Humanitarian Assistance Unable to Reach Afghans in War-Torn Southern Regions

May 10, 2004

As attacks continue, leaflets distributed by US coalition further endanger aid workers. By Nicolas de Torrente, Executive Director MSF-USA

Rwanda: "Mourning the Dead is not Enough"

April 30, 2004

Jean-Hervé Bradol, MD, President of Doctors Without Borders/Médecins Sans Frontières (MSF), who headed MSF's programs in Rwanda in 1994, reflects on the genocide and its implications for the humanitarian aid movement.

Iraq: in Search of a "Humanitarian Crisis"

April 16, 2004

Rony Brauman & Pierre Salignon discuss war and humanitarian aid.

Tuberculosis Care and Doctors Without Borders/Médecins Sans Frontières (MSF)

March 18, 2004

MSF has been confronted with tuberculosis (TB) since its first day of operation more than 30 years ago. In the past few years, MSF has expanded TB treatment to include more patients, and the focus has shifted from disease control to patient care.

Enough is Enough, Sexual Violence as a Weapon of War

March 8, 2004

MSF Briefing paper for March 8, 2004, International Women's Day

2003

Iraq: Independent Humanitarian Aid Under Attack

November 10, 2003

In the wake of the attack on the ICRC, MSF's seven international staff in Iraq have relocated to Amman, Jordan, where they will evaluate how to continue MSF's work in Iraq against the background of ever-increasing violence and confusion of roles.

Suffering from trade?

October 10, 2003

This editorial by Jean-Hervé Bradol, MD, President of Doctors Without Borders/Médecins Sans Frontières (MSF) originally appeared in *Le Monde*.

Without A Trace: One Year and Counting in Captivity for Aid Worker

August 12, 2003

Kenny Gluck is the Director of Operations for MSF in Holland. He was held hostage in Chechnya from January 9, 2001 - February 4, 2001.

Q&A With Gabriel Trujillo, MSF Head of Mission in the Caucasus

June 15, 2003

For the last year and a half, 32-year old Gabriel Trujillo has been the Head of Mission MSF programs in Moscow and the North Caucasus, managing programs for the nearly 150,000 displaced Chechens living in Ingushetia.

Humanitarian Concerns for the War in Iraq

May 6, 2003

MSF is concerned about the impact the escalating war against Iraq will have on those in Iraq and neighboring countries.

The Squatters of Kabul

February 10, 2003

Pierre Salignon, Program Director for MSF, recently returned from Afghanistan and he discussed the need for ongoing hospital and clinic support in Bamyan, Ghazni, and Zaranj, as well as the urgent need of providing emergency medical relief to the "squatters" of Kabul.

Q & A: MSF author Fiona Terry talks about her new book *Condemned to Repeat? The Paradox of Humanitarian Action*

January 15, 2003

Terry is Director of Research at Doctors Without Borders/Médecins Sans Frontières (MSF) in Paris. In this Q & A, she discusses the possible negative effects of humanitarian intervention.

2002

Humanitarian Concerns about a Possible War on Iraq

December 10, 2002

With world attention focused on a possible US-led war on Iraq, MSF is considering the possible impact that such a war might have on the civilian population of the country. By Nicolas de Torrente, Executive Director MSF-USA

2001

The Politics Of Abandonment

October 21, 2001

A background paper for the MSF Event *Afghanistan: Civilians at Risk* by Sima Wali, President and CEO, Refugee Women in Development

The Deadly Secrets of North Korea

August 2, 2001

Fiona Terry, Ph.D. discusses famine and the manipulation of humanitarian aid to North Korea.

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Title	Quantity Available	Unit Price
Cholera Guidelines (2004)	39	\$20.00
Civilians Under Fire	<i>This item is currently unavailable.</i>	\$5.00
Clinical Guidelines, 2010 ed.	251	\$20.00
Dispensary Guidelines, 1st ed, 1997	98	\$30.00
Essential Drugs, 2010 ed.	190	\$20.00
From Ethiopia to Chechnya: Reflections on Humanitarian Action 1988-1999, by François Jean	1000	\$10.00
Management of Meningococcal Meningitis	49	\$15.00
Minor Surgical Procedures, 1st ed, 1997	240	\$20.00
Public Health Engineering	127	\$20.00
Rapid Health Assessment, 3rd ed, 2006	106	\$16.00
Refugee Health	250	\$20.00
Tuberculosis Guidelines, 2005	122	\$20.00

Spanish Language Books

Title	Quantity Available	Unit Price
Guia Clinica y Terapeutica, 2010 ed.	30	\$20.00
Medicamentos esenciales, 2010 ed.	10	\$20.00
Tecnicas medicos-quirurgicas en situaciones de aislamiento	6	\$20.00

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Title	Quantity Available	Unit Price
Gestes Medico Cirurgicaux en situation d'isolment	21	\$20.00
Guide Clinique et Therapeutique, 2010 ed	43	\$20.00
Medicaments essentials, 2010 ed.	30	\$20.00

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BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

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BILA HUDOOD)

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) Serial No.: 85/180,994
) Filing Date: November 19, 2010


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) Mark: **BOOKS WITHOUT
BORDERS**

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) Int'l Class: 9
) Published: December 6, 2011

CERTIFICATE OF SERVICE

I, Elizabeth Gillen, hereby certify that true and complete copies of the Notice of Opposition dated April 3, 2012 has been served on (i) the attorney representing Books Without Borders (Kutub Bila Hudood), by mailing said copy on April 3, 2012 via FedEx to the address set forth in its trademark application filed with the U.S. Patent and Trademark Office (Betsy E. Lehrfeld, Swankin & Turner, 1400 16th Street, NW, Suite 101, Washington, DC 20036), and (ii) Registrant Books Without Borders, by mailing said copy on April 3, 2012 via FedEx to the address set forth in its trademark application filed with the U.S. Patent and Trademark Office (Books Without Borders (Kutub Bila Hudood), 1815 17th Street, NW, Suite 802, Washington D.C. 20009).

Executed on April 3, 2012.


Elizabeth Gillen